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THE REGISTER

TIMES AND REGISTER.

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WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

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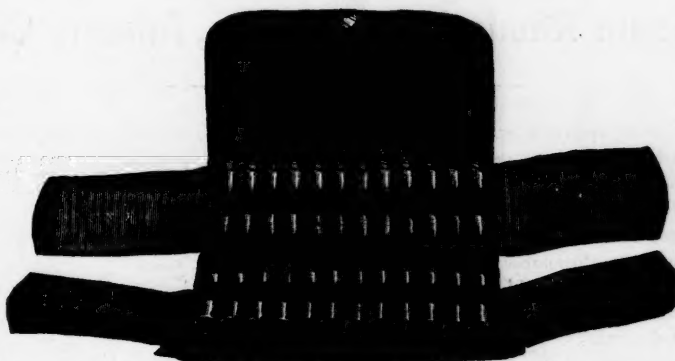
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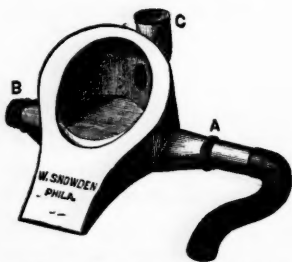
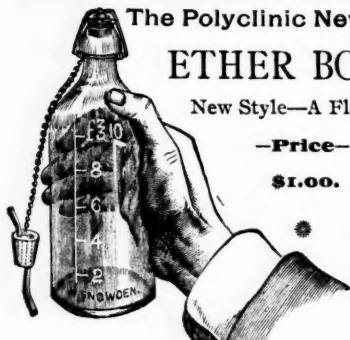
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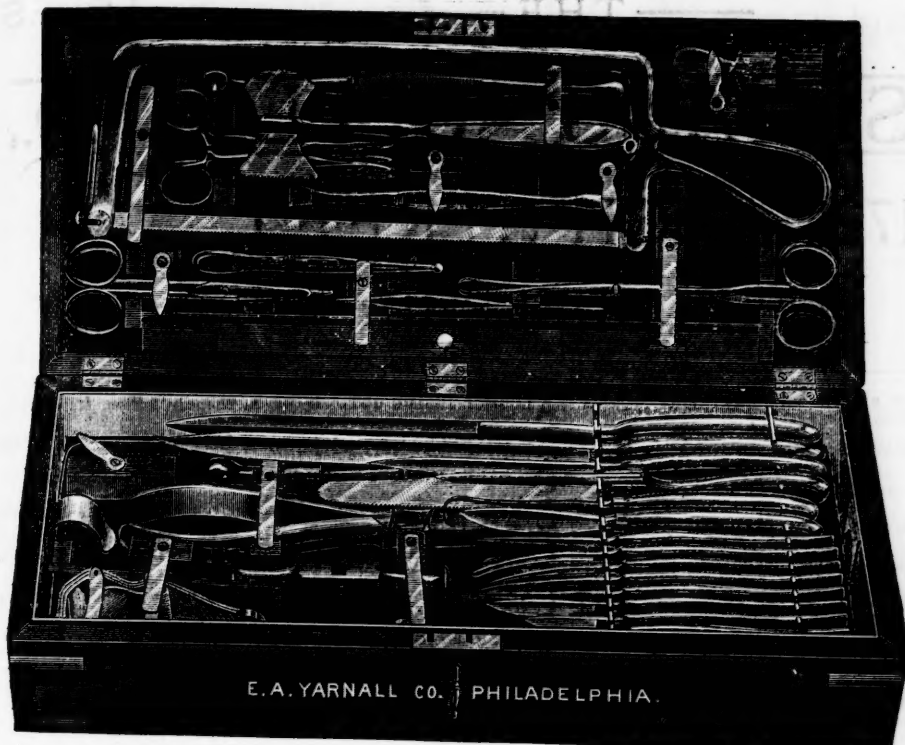
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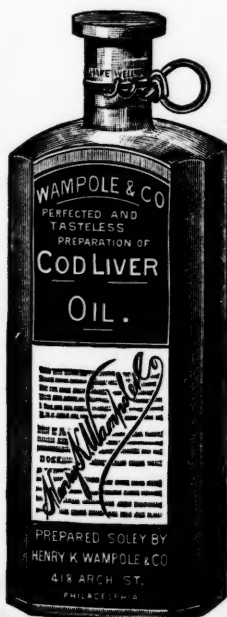
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SPINAL SUPPORTS.¹

By STEWART L. MCCURDY, M.D.,

DENNISON, OHIO.

TRACTION, either by the use of the rachet extension or elastics, has undoubted value in all forms of spinal distortion.

In the adjustment of the plaster of Paris jacket, as used by Sayre, the leather jacket as described by Bartow, the woven-wire corset of Roberts, the felt jacket or the braces of Davis, Taylor, Washburn, Andrews, Shaffer, Smith, Stillman, and Beely, a certain degree of tension is made upon the spinal column while the patient is in the tripod, and the support applied; but at no time thereafter is the traction made upon the spine, or support given the trunk, equal to that obtained at the time of its adjustment.

The brace herewith presented will appear to you as a modification of the Roberts' jacket, and closely akin to Wyeth's jacket, but will say that I never saw Wyeth's jacket until I read Schrieber's work on orthopedics.

After having temporized a spinal traction device with the patient in the horizontal, by the use of an ordinary corset cut through the smallest portion, the upper portion being attached to the head of the bed, the counter-traction by weight and pulley over the foot of the bed from the lower segments of the corset, I set about to produce the same results and allow the patient to go about.

The result is herewith presented, which, as you see, is made of leather, belt leather being preferable, and composed of two segments that lap over each

other at the smallest point of the waist and are held together in front by lacers or buckles.

The lower segment, which rests about the pelvis, is the fixed point, and the counter-traction, or elevation, is made by the upper segment fitting snugly about the inclination of the lower thorax, in case where the diseased area is in the dorsal or lower lumbar region.

The essential elements of an extension apparatus are, a double system of maleable wire bars, arranged parallel and secured together at the proximal ends by a collar that slides over its fellow, and from which project hooks.

The distal ends are the fixed points, and are secured to the upper and lower segments of the jacket, near the edge, by rivets, two in front and two along the spine, as represented in the model.

By throwing an elastic over the hooks projecting from the proximal ends, you see the distal ends are thrown further from each other.

These are so arranged that they can be extended and then relieve the weight of the body from the diseased area at the surgeon's will.

This traction or support is obtained in two ways:

1. By the elastic traction bars, as shown.
2. By the use of the key and rachet extension as used by Sayre and others in the treatment of hip disease.

In addition to the jacket, plaster suspenders are made by throwing three or four folds of the bandage back and forward over the shoulders.

The use of these suspender-casts of the shoulders will be described later. The jacket is removed in the ordinary way by cutting down over the sternum, but the shoulder-straps are not cut, but are drawn over the shoulders as a vest is taken off.

Instead of the jury-mast of Sayre, or the spring traction-collar of Roberts used where the spondylitis is in the dorsal or cervical vertebræ, a substitute has been provided, which is made by making malleable

¹Read before the Ohio State Medical Society, June 17, 1891, at Sandusky, Ohio.

steel suspenders after the form of the plaster suspenders above referred to. These are formed over the shoulders, one on either side, and are continuous with the upper ends of the traction bars of the jacket.

From the highest point on these suspenders, or about under the ears, a "C" shaped piece is riveted which curves toward the neck and around the coat collar to a point directly over the other end.

From this point another set of extension bars pass up along the side of the head superior to the parietal eminence.

From these the ordinary occiput mentum suspension is secured.

No one has ever claimed that the plaster of Paris jacket retains that degree of tension made upon the spine at the time the body of the sufferer is suspended by the tripod; and as a matter of fact the body, after a day or two, conforms to its right encasement about it and settles down, so that all the extension made at the time of adjustment is lost, and, as time passes, the plaster breaks and gives way, and the thorax continues to slide down, so that, in a short time after the plaster jacket is applied, the amount of traction desired by the surgeon, and obtained by him at first, is materially reduced, and the jacket remains as a support only, and pain at the point of the disease again appears, and another jacket is necessary.

We can, at least, prove that the extension powers of the plaster jacket are daily diminished instead of increased.

I am aware that many of the orthopedic surgeons of to-day do not believe in traction in the treatment of any form of joint trouble, but insist that such treatment is positively injurious; but, as for myself, I have other testimony, and believe these cases receive the most benefit from a spinal support that not only retains that degree of traction made upon the vertebral column at the time of the application of the support, but will, if desired by the surgeon, increase the tension at will.

Great traction is seldom demanded, but all cases do demand that the weight of the body should be kept off the diseased area during the stage of molecular disintegration, absorption and reproduction of the vertebral body.

This cannot be expected if the body is pulled up by a tripod for a day or two and allowed to sink down into a jacket; the jacket then cut open, removed, and reapplied or renewed.

This trouble admittedly begins primarily, as other joint troubles, as an inflammation of the synoidal membrane between the vertebral bodies, or as a central *ostitis-myelitis* in Pott's disease, and as an inflammation of a lateral fascet, either as a *synovitis*, or *ostitis* in scoliosis, or lateral curvature, or distortion.

Unless this inflammation is controlled very early, it advances, as does hip and knee cases, to an involvement of cartilage and bone successively, and a distraction of the vertebral continuity is the result, and the various deformities, viz., scoliosis, lordosis, *gomphosis*, etc., necessarily follow.

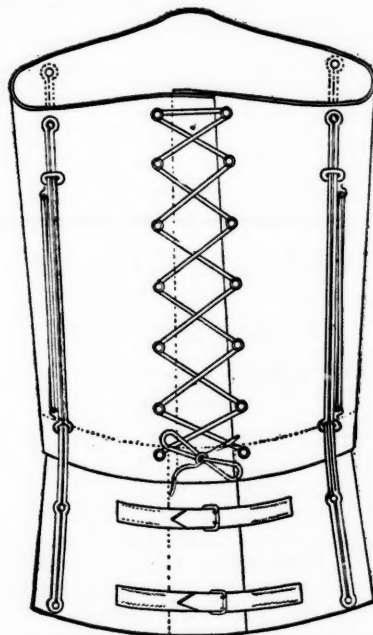
I want right here to refer to a few points in diagnosis, not for the benefit of the orthopedic specialist, but for the general practitioner, under whose observation these cases almost invariably first appear.

Incipient *synovitis* of the lumbar spine is too frequently called by the vague term "lumbago," and early *spondylitis* of the other regions is generally put upon treatment for congestion or *anæmia* of the cord etc., and the true malady allowed to go on uninterrupted; the true nature of the trouble being discovered only when the unmistakable symptom of spinal

distortion occurs, when it is, alas, too late to cut short or abort these terrible afflictions.

The most important diagnostic procedure is, after first locating a painful point, either made so by pressure or constantly painful, to gently tap either shoulder with the side of your hand. If the spine be diseased the pain will be increased. Now grasp the patient under the arms and lift the trunk's weight off the pelvis with sufficient force to relieve its weight from the spine, and if the spine be the seat of synovial disease, the pain will disappear. Now sway the body from side to side and, if the synovial membrane of either lateral articulation be the seat of the trouble, the pain will be relieved when the body is thrown from the trouble, and increased when bent toward it. Again, ask the patient to walk across the floor, and observe his gait and carriage. If the spine be the seat of the trouble, he will be found to walk cautiously and with a gentle tread, and not on the heels, for forcible locomotor treads impart to the diseased portion vibratory concussion, and pain is increased.

These spinal troubles are very often the result of spinal sprains.



No. 1.

You cannot always expect to find pain in the early stages, and not infrequently do we meet cases without history preceding deformity.

In the treatment, the first indication, I believe, is to relieve thoracic pressure upon the inflamed synovial membrane and give the diseased parts an opportunity to repair, or, if it has gone too far, or was primarily an *ostitis*, it can pass through the various stages with a minimum of deformity and positive assurance that the deformity will be less, rather than greater.

This jacket is of great value, not only in lateral curvature and lordosis. By placing the extension bars in opposition to the line of deformity, the distortion can be gradually and continuously overcome.

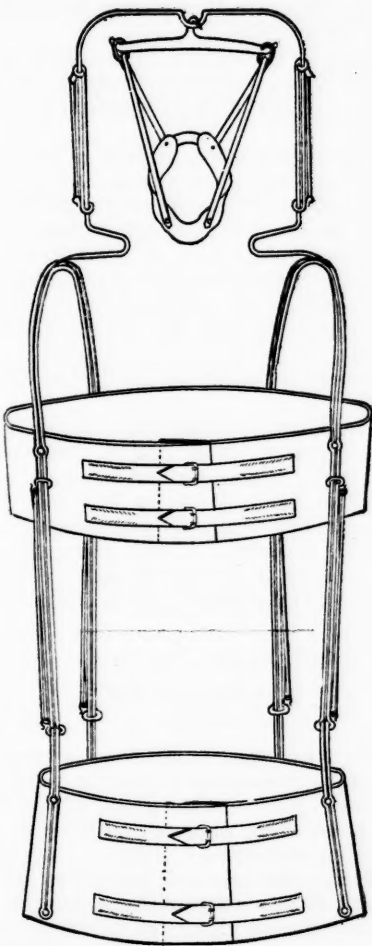
To illustrate: In cases of lordosis where it is desired to have the fixed point as far forward as possible in order to throw the trunk weight back as well as up, the lower ends of the two bars can be secured to the lower segment of the jacket, anterior and superior to the anterior superior spine of the ilium, and made to

curve around backward and upward to a point between the posterior auxiliary line and the inferior angle of the scapula. The direction of the bars in all cases to be so arranged as to be in opposition to the line of deformity.

If there be anything in suspension in the treatment of diseases of the spinal cord, as practised by S. Weir Mitchell in cord troubles, secondary to vertebral diseases, and by Charcot and others in locomotor ataxia, the same end can be obtained with this suspension jacket.

The jacket affords :

1. A permanent structure.
2. Support that increases, if desired, and never decreases.
3. The most comfortable of jackets.
4. Can be removed at any time, and readjusted without destroying the jacket or its supporting powers.



No 2.

Jury-mast affords :

1. Continuous elevation of the head.
2. Freedom of movements of head.
3. Patient can lie down on the back, thus affording one of nature's greatest remedies—viz., recumbency.
4. Never necessary to cut the clothing, for the brace fits the coat collar.
5. Suspension from four different points equal distance about the pelvis and not from one point over the vertebra, which increases pressure upon the diseased area.

These braces are all made of wire and a two-fold advantage will be found in the use of the material for their construction.

1. Economy.

2. A minimum of friction.

The greatest objection made against this mode of mechanical therapeutics is, that it would not work because the friction of the bars almost equaled the extension powers of all the elastics that could be used.

With the wire braces, however, there is no friction except at the two bands which hold the bars together, and that, instead of being a flat surface, is merely a circle in contact with another circle, which, as you see, affords a minimum of friction.

Besides, others who have practised elastic traction, have always used the elastic webbing.

For great distances this may do, but the space used at either end with leather, etc., to make the elastics so that they can be attached to the bars, destroys the usefulness of the elastics at least 50 per cent.

I always use the rubber rings of Faber, etc., and I can get all the power necessary to overcome the contraction of any set of muscles.

Cut No. 1 represents the jacket to be used in lumbar dorsal disease.

Cut No. 2, with the jury-mast, is to be used in cases where the caries is above the eighth dorsal vertebra or cervical caries.

The jacket is not made solid because it is not necessary, but in cases of the upper dorsal, say from eighth to third, both the jury-mast and complete jacket should be used to insure the best possible results.

In cases where the caries is in the cervical region, especially the upper portion, the lower extension bars, or those about the thorax, are unnecessary, for the ones from the shoulder suspenders up have sufficient power to support the head.

MORPHOMANIA FOLLOWED BY RAPID NARCOSIS.

By T. K. WILLIAMS, M.D.,
GERMANTOWN, TENN.

ON the night of the 7th inst., while doffing my attire for a much-needed night's rest, a peremptory summons came from Mrs. M. to delay no time in repairing to her house, as she was fully persuaded in her own mind that her husband was utterly deranged. I was on the spot in ten minutes. I was met by the entire family at the front gate, to which place they had fled, seeking safety from an irate and unappeasable father and husband. M.'s autocratic proceedings brought in the neighbors, who did not arrive till he was in bed, with the lamps all extinguished—forced possession, blown out the lamps, ejected the family, and retired for the night. Nor could his sleep be broken, notwithstanding a mastigosis had been practiced on him almost akin to assault and battery.

His good wife, crouched in the shrubbery near the gate, came out and told with breathless silence and in a terror-stricken manner how M. had deported himself during the day; how his peculiar conduct was so strikingly strange, when contrasted with his usual mild way and unobtrusive manners. She further told, when he came home from the store what a suspicious, wild look he bore, and how unresting and vicious his eye looked; and how soon came the most convincing proof of mad insanity, in his efforts to exterminate his family in one short drama, with a well-sharpened hatchet, from which the family beat a precipitous retreat. So convinced was this poor wife of his utter insanity, she stood pleading questions as to whether or not his mind would ever be right again.

It was 10 o'clock P. M. when I saw him. His temperature was $98\frac{1}{2}^{\circ}$ F.; pulse full, round, compressible; heart action good; valve accentuation good; pulse gave evidence of sixty-eight systoles per minute. The diaphragm made twenty-two excursions per minute; the velum pendulum palati swung to and fro with only an occasional stertor, between which a noiseless sleep came and went. The pupils were firmly pin-holed, and could not be affected by the most intense light. The sensorium was greatly affected by this present state of narcosis.

I flagellated M. with great severity with a towel dipped in cold water, but could not break sleep's fetters, so firm was the environment. Fortunately, I had previously a little experience with him. I knew he was one who had carried the morphine habit to an alarming extent; to my own knowledge xx grs. was his daily bread, which amount he was wont to take without any other effect than that of enabling him to perform the requisite amount of physical labor during the day without any perceptible or appreciable weariness from such efforts.

I had no means to determine the quantity of morphine M. had taken, and, in taking a general survey of every indication and condition, I determined to await the issue, and meet indications, and deal with exigencies as they arose. It could not be determined what amount of the drug was ingested. At all events, M. was doing well, and "hands off" was the mandate of common wits; indeed, to attempt an antagonism when the effect of the drug was almost nil, and when the amount ingested unknown, seemed to me an experiment in which I might have been taught ever in the future to let well enough alone. The condition induced by the drug is always to be antagonized, and let the drug itself make its way out of the system as speedily as possible, per *vias naturalis*.

I was personally apprised of the fact that M. was one of those who had an abiding faith in the powers of the papaver somnifera; in it he found a balm for even woe; so frequently did he resort to it, and so great the quantity, that his systemic organs were greatly obtunded, so much so as to require inordinate doses to produce the desired effect; but was this necessarily so with other medicaments of an antagonistic or synergistic nature. At all events, the condition induced from the drug was to be met—the effect of the drug was more important than that of the mere presence of the drug. Had I been in possession of the facts; had I known that M. had within his chylopoëtic viscera xxx grs. of morphine sulph., I would have felt quite uneasy; but this fact was not known until M. was restored to full possession of his faculties. Failing to bring about a restoration of M.'s faculties or conscious presence by shouting and hallooing in his ear, and by flagellating him with severity with a wet towel, I inferred that he was well on the road, jogging along from narcosis to coma. I determined to give him a journey, but not without some jolting, so I sent to my office near by, to my student, who brought up two admirable instruments well adapted for this work—Kidder's galvanic and faradic apparatus, provided with systems of levers, by which the current could not only be opened and closed at will, but reversed instantly. A strong faradic current was employed; the anode was disposed at the dependent root of the phrenic nerve; the cathode at the right margin of scrobiculus cordis, and retained there for fifteen minutes, after which a vigorous effort was made by M. to disengage himself from the circuit, and this with some considerable effort, after

which he became so sensitive to the current as not to be able to tolerate it at all. The sopor remained, but ever afterward a loud call, or a touch, brought forth a response. All traces of the narcosis and sopor had vanished at 4 A. M., and M. was on his feet ready and willing to engage the day and enter into the duties thereof. At the usual business hour M. was at his post of duty, nor could there be traced in his unruffled countenance the scar of a vexatious dream, or the footprint of an unbridled nightmare; not the slightest trace in the lineaments or physiognomy that bore evidence of the night's adventure.

From the foregoing history the following deductions are worthy of consideration:

Conditions, not medicaments, are always best antagonized.

Because a narcotic has been ingested, this fact does not warrant a *prima facie* conclusion that it will enter the chemistry of the system, or disturb the physiochemical morphosis to that extent as to make vital conditions incompatible.

The danger of carbonic acid in opium narcosis is almost nil. When vital morphosis is retarded the elimination of CO_2 is materially affected and almost suppressed.

Excitation of the respiratory centers is the readiest, if not the surest, way to excite and perpetuate heart action, on account of the reciprocity of these functions, induced by the most intimate connection of the parts.

An attempted antagonism, without the aid of a galvanic or faradic current, is an effort of doubtful results.

Atropine, caffeine, strychnine, and quinine (in j gr. doses, at short intervals), are the most trustworthy medicaments.

The hypodermic system of exhibition should have preference.

If the circulation is not adequate to the task of carrying the medicaments to the centers, then work the respiratory centers cautiously, as long as they will respond to the galvanic or faradic current; but do not exhaust this function by too repeated demands on its working capacity. The diaphragm should not be made to make more than twelve excursions per minute in profound narcosis; more is unnecessary.

UTERINE FIBROMA.¹

By J. B. MURFREE, A.M., M.D.,
MURFREESBORO, TENN.

EVERY part of the human body is supplied with nerves, blood-vessels, capillaries, and lymphatics, and there is a continuous growth of all the parts. Under the general law of nutrition there is regularly being added new material, which is converted into new tissue, like the original, and there is also constantly taking place a waste of tissue element. Hence, in all the organs and tissues of the body we have a constant waste and repair going on, which in the adult is nearly equal. Occasionally, however, from some interruption or exaggeration of the law of nutrition, some disturbance of the equalization of the controlling power of waste and repair, the accretion of nutrient material is in excess of the waste, and as a result we have a surplus of new tissue, which does not remain dormant; but, owing to some mysterious law of Nature, is endowed with the faculty of accumulation; *i. e.*, the power of growth.

This excess of tissue deposit is called a "morbid growth," and may occur in any part of the human body. However unexplainable these morbid growths

¹ Read before the Tri-State Medical Society.

may appear to us, yet we know that they are due simply to a perversion of nutrition, and this perversion may occur in the vegetable as well as in the animal kingdom. The beautiful mistletoe which springs from the towering oak, though its seed may have come from afar, yet lives and grows from the sap of the tree. So in a fibroid tumor of the uterus, though some latent cause may have started it into existence, yet it is fed by the same blood that supplies the normal tissue, and grows under the same law.

In the female economy the uterus is the favorite seat of these morbid growths; its tissues furnishing a suitable nidus for their origin and development.

It is to a study of these morbid growths of the uterus that I invite your attention.

These morbid growths are due to a perversion of nutrition; are non-malignant in their character, and homologous in their structure.

Though innocent in themselves, yet they give rise to a great deal of trouble, produce much suffering, and sometimes occasion death; not by any destructive power of their own, but simply by their mechanical interference with the tissues and functions of the uterus and adjacent organs.

A uterine fibroma, or fibroid, may be defined to be a morbid growth developed within the muscular walls of the uterus, and is composed of "muscular-fibro cells, fibro-plastic elements, and cellular tissue."

"Microscopic investigations show that the chief mass of the tumor consists of smooth muscular fibers, which considerably exceed in size those of the unimpregnated uterus. The muscular fibers are arranged in bundles, and the latter unite variously at acute angles to form larger groups, which inclose a wide capillary blood-vessel. The walls of the latter consist of a simple layer of endothelium cells, with large nuclei, and are supported by a thin layer of fibrous connective tissue, from which processes penetrate between individual groups of muscular bundles, and unite with coarse partition walls between the individual vascular districts."

The further increase in size of these tumors ensues (rarely) by the coalescence of several of them; more frequently it takes place by the same process being repeated which gave rise to the smallest and simplest fibro-myomata. Each individual vessel, with the muscular and connective tissue masses belonging to it, proliferates again and forms, as it were, a second generation of nodules, which are imbedded in the original tumor and distend the latter.

Fibroid growths of the uterus have doubtless existed in all ages of the world, though not recognized as such. It is true that the histological elements of a fibrous tumor are the same as those of the uterine walls within which it is lodged, yet the construction and arrangements of the textures differ, and cause a difference in the appearance of the two products. The fibrous tumor is denser in structure, less vascular, less colored, and more like cartilage.

The most usual seat of a uterine fibroma is in the body and fundus of the uterus, occasionally they grow from the cervix. While uterine fibroma are in themselves entirely innocent and have no tendency to malignancy, yet they are capable and do cause much distress and suffering from their mechanical pressure upon the uterus and adjacent organs, thereby disturbing their natural functions. They very often cause frequent and profuse hemorrhages, menstrual derangements, cystic and rectal irritation, obstinate constipation and persistent dysuria. And as the tumor grows it displaces the uterus, increases the

disturbances in the neighboring organs, and causes obstruction to the circulation which gives rise to annoying pains and intense swelling in the lower limbs. In addition to the local disturbances, the general system suffers more or less from the irritation of the nerve centers reflected from the local ailment.

This constant wear upon the nerve tissue, the frequent hemorrhages and the digestive derangements, soon produce a condition of anæmia.

As the tumor continues to enlarge and rises above the pelvic brim, still further pressure is made upon the abdominal organs, retarding their functional activity until a state of exhaustion is produced, which finally ends in death.

From the history of uterine fibroma we learn that while they are not malignant and have no tendency to become malignant, yet we also learn that they are progressive in their evolution and are likely to produce great distress and suffering, often terminated only by death.

At one time uterine fibroma was regarded as being malignant, and consequently incurable; even within the present century Ashwell taught that they were cancerous in their nature. At the present time, however, there is perhaps no question in gynecology more definitely settled than that uterine fibroma are not malignant. In their nature they are not cancerous, but in their very constituency are innocent and belong to what is denominated the homologous formations and not to the heterologous.

Although the innocuousness of a uterine fibroma is established, yet there is a point in their pathology which is not so well determined. That is, whether a fibroma of the uterus may not undergo some degenerative process and become cancerous. Emmet favors this view, saying, "Fibroids occasionally become the seat of the sarcomatous and carcinomatous growths," and quoting from Klebs adds, "With these hyperplastic new formations, heteroplastic ones become associated, of which, within the fibro-myomata of the uterus, myxomatous and sarcomatous developments occur." "Epithelial formations are completely wanting, and genuine carcinomata can thence only proceed out of fibro-myomata in these cases in which the formation of the tumor extends to the surface of the mucous membrane."

Thomas, on the contrary, denies that a fibroma may become malignant, and says, "If such alteration be possible it is extremely rare, and is not an issue to be apprehended."

Possibly, like other tissues from severe and often repeated irritation, a fibroid may take on a malignancy, but of itself it has no inherent tendency to malignancy.

A fibrous tumor begins its growth in the muscular tissue of the wall of the uterus, but many causes combine to determine the direction that they may take, which are various and quite different.

The peculiar and determinate direction which a fibroid growth of the uterus assumes, has led to their classification in quite an intelligent and useful manner.

When a fibroid tumor lies buried in the walls of the uterus, it is called an interstitial fibroma; when it grows toward the external surface, it is called a subperitoneal fibroid, and toward the internal surface, a submucous fibroid.

The interstitial variety is usually stationary. The subperitoneal variety is liable to become pedunculated; by the repeated contractions of the uterus it is forced from its bed into the abdominal cavity, and by its weight becomes pedunculated. Likewise a submucous fibroid may be gradually forced by the frequent

uterine contraction pressing it in the direction of least resistance, from the uterine walls into the cavity, receiving in its transit a covering of the mucous membrane, it also becomes pedunculated and is often called a polypus.

While a tumor remains within the uterine wall its supply of blood is limited, consequently it remains passive or nearly so, becoming hardened and denser, sometimes undergoing calcareous degeneration.

Occasionally the tumor after remaining quiescent for awhile totally disappears, being perhaps absorbed, or torn from its attachment by the uterine contraction and thrown off. Again from some undue irritation or unusual pressure, as in pregnancy, or from some interference in its nutrition during the puerperal state a disintegration of the tumor takes place. Sloughing ensues, the mass liquefies and is passed from the vagina as a purulent discharge, sometimes producing a septic poisoning of the patient. Sometimes from some tissue metamorphosis fibroids lose their density and soften in the interior, having a fluid either serum, blood or pus, contained in a cyst; it is then denominated a fibro-cystic tumor.

The time of the first appearance or beginning of a uterine fibroma is the period of middle life; when the functions of the uterus are most active. They are unknown at puberty, and never develop after the menopause. Emmet says, "Fibroid tumors rarely make their appearance before the age of twenty five in the unmarried, at a later age in the sterile, and at a much more advanced one with the fruitful woman." The age of greatest liability to fibrous growths for all women is shown to be between thirty and thirty five years.

"The development of these growths is retarded by child-bearing and even by marriage, for the sterile woman is less liable than the old maid, but in turn she is more so than the woman who has borne children." Between the ages of thirty and forty years the unmarried woman is fully twice as subject to fibrous tumors as the sterile or fruitful. This is one of the tributes which an unmarried woman pays for celibacy.

That uterine fibroma occurs only during the period of sexual activity of the woman, leads to the inference that in some way this abnormal development is connected with, or dependant upon, the exercise of the functions of the uterus.

It is said that a uterine fibroma increases in size during gestation and diminishes after confinement. As they never or rarely ever occur before puberty, so likewise they decrease after the menopause, not immediately, however, but, in the course of time, the uterus atrophies, the tumor diminishes and often ultimately vanishes. The prognosis of uterine fibroma is generally favorable. While they are the most frequent of all the neoplastic growths of the uterus and are the fruitful source of much suffering and distress in many ways both physically and mentally, yet they are perhaps the most innocent, in so far as their tendency is to a fatal issue. By their increasing growth and their pressure upon the organs of the pelvis and abdomen (necessarily interfering with their functions) by the frequent and profuse hemorrhages they occasion, by the poisoning of the general system, from their degeneration, they do sometimes cause death. But on the contrary, they often continue to grow until the cessation of the menses, when "pari passu" with the atrophy of the uterus, they decrease in size and become innocuous, or, as sometimes happens, entirely disappear.

Uterine fibroma threatens life, first by hemorrhage, second by inflammation, third by septicæmia, fourth by pressure. Hemorrhage is the most frequent cause of death; not directly, for it is very seldom that a patient dies from the immediate loss of blood, but most usually they are so much exhausted and emaciated by the profuse and often-recurring hemorrhages, that the nerve centers are so depressed and deranged, the assimilation of food so imperfect, that they become an easy prey to intercurrent diseases, and on account of their lowered vitality and lessened powers of resistance, readily succumb.

Inflammation is sometimes set up in the pelvis by the irritation produced by a fibrous tumor resulting in a cellulitis or a peritonitis, which may end fatally. Sometimes, by some unknown interference with the vital endowment of the tumor, its growth is arrested, it degenerates, decomposes, and septic matter is absorbed into the general system and the patient dies of blood-poisoning. The continued enlargement of the tumor may cause so much pressure upon the pelvic organs as to materially interfere with the discharge of their functions and thus cause death. A fatal uræmia has been produced by the pressure of a fibroid tumor upon the ureters.

Still, notwithstanding these unfavorable terminations, yet the large majority of the cases are amenable to successful treatment, and a fair proportion of them would do well without any treatment.

By the rapid advance made in the past quarter of a century in the treatment of morbid growths of the uterus, both surgical and medicinal, a vast majority of them can be permanently relieved, while the remainder can generally be tided over the eventful period of uterine activity and live long lives of comparative ease and comfort.

The technique of the operations of laparotomy and hysterectomy has reached such a state of completeness, approaching perfection, and the frequent success of the treatment by electrolysis, lead us to hope that (in the near future) these growths will be successfully treated with but little cost of life.

The pathology of uterine fibroids consists of many changes, which are quite interesting, yet natural. The uterus, in its entirety, increases in size, but not always in regular proportion, nor to the same extent in all cases. There are different degrees of enlargement in the different varieties of uterine fibroma.

The increase in the size of the uterus is greatest in the interstitial and submucous fibroids, less in the subperitoneal, and still less when the variety becomes pedunculated.

In not a few cases we have mucous polypi springing up from the lining membrane, and in nearly every case there is an endometritis produced, which results in glandular enlargement and general hypertrophy of the uterus, with increase of its circulation, producing an enlargement of the blood-vessels, and to this pathological change is due the frequent and profuse hemorrhages.

As the tumor grows, its pressure upon the uterus disturbs its position and destroys the axis of the organ, and displacements occur as a necessary consequence; in some there is a flexion, in others a version or prolapsus, and in some the uterus is lifted above the pelvic brim.

The cervix is often changed, either atrophied, hypertrophied, or elongated. I have under my care a patient with uterine fibroma, in whom the cervix is greatly elongated, measuring four inches, and projects beyond the ostium vaginae.

From the pressure of a uterine fibroma the rectum and bladder are greatly disturbed in the discharge of their functions. By their pressure upon the pelvic nerves great pain is produced, and especially is this the case when the tumor becomes cystic. The symptoms of a uterine fibroid are often obscure, and are not often exhibited in the early stages of the formation of the growth. And when present they are generally so vague and undefined as not only to fail to impress the patient, but also to mislead the medical attendant.

The symptoms described are often attributed to some other cause. But as the fibroma grows, the departures from the normal functions are more marked, and the symptoms become direct and positive. The symptoms of uterine fibroma are divided into three classes, according to their peculiar expression.

First, those which are the result of pathological changes taking place in the uterus itself. These are pain, leucorrhœa and hemorrhage.

The pain is usually located in the region of the uterus; frequently, however, it is referred to the back. It is not often severe or persistent, and is most frequently experienced during the menstrual epoch; oftentimes it is attributed to having taken cold.

The pain is a vague symptom, rarely ever well pronounced; is irregular, and sometimes spasmodic. The pain is said to be materially controlled by the situation of the growth, being more often present in the submucous variety and least so in the interstitial.

Hemorrhage is an early and constant symptom, being perhaps manifested at first only by an increased flow during the menstrual period. It is not recognized as a symptom of the disease. But as the growth advances the menstrual function becomes greatly deranged, and hemorrhages are of frequent occurrence. Menstruation comes too often, is too profuse, and lasts too long. The loss of blood in many cases is not so great, yet in all cases it is too frequent, and it may come on at any time. Again, in some cases it is not only too frequent, but is profuse, so much so as to jeopardize the life of the patient.

In uterine fibroma, bleeding is a constant symptom, so much so "that Duncan Matthews called fibroma the bleeding disease of the uterus"—a well-deserved title.

Strange to say, the size of the growth does not influence the frequency or severity of the bleeding—a small fibroma often causing more profuse wasting than a much larger one. It is the situation rather than the size of the tumor. The submucous variety bleeds most freely; next the interstitial, and least the subperitoneal.

The second class of symptoms may be regarded as those caused by the mechanical irritation, produced by the enlarged uterus pressing upon the adjacent organs. The rectum, being unduly pressed upon, is irritated and obstructed, and, as a result, there is constipation and hemorrhoidal tumors. The bladder, from undue pressure, is irritated and disturbed in its function, rendering urination frequent and difficult; sometimes straining and painful, and in rare cases there is retention. The tumor pressing upon the ureters may interrupt the flow of urine and produce disastrous consequences in the kidneys. Finally, the tumor may become so large as to cause the womb to ascend above the brim of the pelvis, and, pressing upon the stomach and diaphragm, materially interfere with digestion and respiration.

The third class of symptoms are those which pertain to the general system; they are remote, and are termed constitutional. They are the result of the too frequent loss of blood, the disturbance of the nutrient functions, and the undue irritation of the nerve centers, which produce anæmia, general debility, with nervous depression and undue restlessness.

These are the rational symptoms of uterine fibroma, and are suggestive but not conclusive. The physical signs are what we are to rely upon in forming our diagnosis; they are enlargement of the uterus, with displacement, and irregular or nodular surfaces, with increased density. The diagnosis of a uterine fibroma is not generally difficult. Usually the rational symptoms and the physical signs are so pronounced as to readily determine the diagnosis. Occasionally, however, the history of the case is so imperfect, and the physical signs so obscure, as to render the diagnosis very difficult.

By the bi-manual examination the uterus is ascertained to be enlarged, changed in shape, and more resistant. It is more flattened than natural, irregular in outline with lack of uniformity; more prominent on one side. In some cases the projection is so bold that the tumor can be readily felt and recognized. In some cases the uterus is uniformly enlarged, as in pregnancy, but it is much harder and more dense. In fibroma, the cervical canal of the uterus is changed in situation—is bent upon itself. In the diagnosis of uterine fibroma we have to differentiate between it and uterine displacements, pregnancy, cellulitis, hæmatocele, and ovarian tumor. Usually in displacements the uterus is not enlarged; its cavity is not lengthened, and it can be restored to its normal position. From pregnancy it is diagnosed by the history of the case, the absence of softening and discoloration of the os, the shape of the tumor, by ballotement and auscultation. In cellulitis, there is a collection of pus, and by careful examination we detect fluctuation. In hæmatocele, the tumor is not connected with the uterus.

An ovarian tumor is recognized by the history, the situation of the tumor, fluctuation, shortening of the canal, and by being independent of the uterus.

When a fibroma is associated with pregnancy, the diagnosis is greatly embarrassed, but by careful examination it can usually be detected. A uterine fibroma is to be differentiated from an enlarged spleen or liver, or an encysted kidney, by its situation and boundaries, the length of the uterine canal, and by the tumor being continuous with the os.

A small fibroid tumor projecting from the os uteri may be mistaken for an inversion of the uterus, but the passage of the probe will determine diagnosis.

The treatment of uterine fibroma is:

1. Symptomatic, when the treatment is directed to the relief of the symptoms which cause so much disturbance, and endanger the life of the patient. The principal of these is hemorrhage, which is the most disastrous result of uterine fibroma.

For the prevention and checking of the hemorrhage the best means are: Position, quietude, the hot douche, astringents and opiates. Quite a number of internal remedies are recommended, but very few, if any, are reliable. I prefer the gallic acid internally as an astringent, and some form of opium to quiet the nerve centers. Ergot is very highly commended, but has proved useless in my hands. The local treatment consists in the application of cold externally, the injection of astringent and styptic medicines, compression, dilatation and incision of the os, the hot

douche and the tampon. The best of these is the application to the interior of the uterus, the tincture of iodine, the hot douche, and the tamponing of the vagina with cotton saturated with a solution of alum.

2. The general treatment by the internal administration of medicines. This plan is intended to be curative, and a great many medicines have been vaunted from time to time as being capable of causing the absorption or expulsion of the foreign growth. Principal among these may be mentioned: Hydrarg., bichlor., chloride, calcium, the iodides, bromides, and ergot.

There is not a unanimity of opinion in the profession on this point. A majority, however, do not have faith in medicines alone effecting a permanent cure of uterine fibroids. My own opinion is that medicines internally administered are not capable of effecting the absorption or expulsion of a fibroid tumor of the uterus. Ergot is the remedy most usually resorted to for this purpose, but with due respect to the opinion of others, I have no confidence in the therapeutic effect of ergot for anything.

3. The surgical treatment, on the immediate removal of the tumor by means of instruments and appliances.

The surgical means resorted to for the removal and cure of uterine fibroma vary, and may be said to include traction, torsion, enucleation, excision, écrasement, electrolysis, and hysterectomy.

The surgical treatment of uterine fibroma is the plan that we are to rely upon for the permanent relief of the morbid growth, and by these means we can surely and safely remove ordinary growths of the uterus, when the organ returns to its normal condition and the woman regains her health and strength. All the above methods have been successfully used, and each has its own particular adaptation. The écraseur, however, is more generally used than any other instrument for the removal of submucous fibroids that are pedunculated, yet excision with the scissors in this condition is equally safe and more satisfactory. While the écraseur is safe and thorough as a general rule, yet there are objections to the use of this instrument.

Owing to the remote situation of the tumor it is sometimes very difficult, if not impossible, to apply the chain or wire so as to include the whole tumor. And when applied satisfactorily, if the tumor be large, the chain or wire may break before the operation is completed, an accident that would be very annoying, and if the operation should be abandoned for the time being, would subject the patient to the danger of the absorption of pus from the sloughing that would necessarily take place.

"One cardinal rule is to be observed in the treatment of these fibrous growths: We must do nothing to destroy the vitality of the tumor while it is in situ, since we then burden the case with the extra risk of blood poisoning."

Again, in the removal of a uterine fibroma with a broad base we may accidentally include a part of the uterus within the loop of the écraseur. This has happened.

For the relief of small fibroid growths of the uterus that bleed freely, and are inaccessible, the removal of the ovaries, *i. e.*, Battey's operation, is indicated.

Electrolysis has been used with good results in the treatment of uterine fibroma; it is especially adapted to the interstitial variety. In the subperitoneal variety, when the tumor is pedunculated, and has grown so large as to be irritating to the abdominal organs, removal by laparotomy is the recognized operation.

Hysterectomy is especially adapted to a large and growing fibroid tumor of the uterus when it has attained such a size as to be burdensome to the woman and threatens her life.

Hysterectomy, however, is not to be performed as an ideal operation; but is only to be resorted to to save the life of the patient, as a forlorn hope.

The Polyclinic.

COOPER HOSPITAL (N. J.) NOTES.

SALPINGITIS.

SALPINGITIS frequently results from sepsis or specific infection of the cavity of the uterus. It may also arise from undue traction upon the uterus in operating for laceration of the cervical canal. Not infrequently the history of a case excludes these conditions, and an examination points to a retroflexed state of the uterus as the primary cause.

Retroflexion of the uterus is one of the most common displacements met with in parous cases. The relaxed state of the uterine structures and the pelvic floor; the absence of ligamentous support to the uterus; prolonged dorsal posture and tight bandaging, all tend to throw the uterus into a state of retroversion during the puerperium. When the uterus is carried far enough backward to admit of the intestines resting upon its anterior surface, and the neck of the womb is resisted in its forward displacement by the anterior wall of the vagina, a flexion results which is steadily increased, after the subject gets out of bed, by the superincumbent weight of the intestines, and by atrophy of the uterine wall at the point of flexion. The fundus of the uterus may be driven downward into Douglas' pouch, and firmly held there by the weight of the intestines and by the perimetritic adhesions so likely to form. In cases of retroflexion of a marked character, and especially when complicated with chronic metritis or chronic corporeal and cervical endometritis, the increased secretion within the cavity of the uterus tends to gravitate to the fundus instead of finding its way through the cervical canal into the vagina. In order to expel its viscid secretions, the uterus is obliged in such cases to go into a state of contraction. At the menstrual period, the contractions are prolonged and painful, and amount to a dysmenorrhœa. During the contractions, the secretions that have collected around the fundus of the uterus are forced into the Fallopian tubes and develop a salpingitis or an inflammation of the tubes. This is all the more likely to happen when, from inflammatory causes, the lining membrane of the cervical canal has become thickened, softened, and thrown into folds and resists the efforts of the uterus to expel its viscid contents. The tubes being thus invaded by the secretions of the inflamed cavity of the uterus, their lining membrane becomes congested and inflamed, while the tubes themselves become distended and their peristaltic action impaired. The inflammation may vary from that of a simple form to the closing up of the fimbriated extremity of the tubes by swelling of the mucous membrane or by adhesive peritonitis.—*Godfrey.*

SYPHILIS.—According to the *Rev. Gen. de Clin. et de Ther.*, the following formula may be used by the anus whenever the stomach is disordered:

R.—Iodide potassium.....	15 grains.
Extract of belladonna.....	4 "
Water.....	4 ounces.

—*Medical World.*

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PEROXIDE OF HYDROGEN.

IN the current number of the *Asclepiad*, Benjamin Ward Richardson makes a further contribution to the therapeutic uses of this ubiquitous remedy. The author has exhibited in his work such a happy combination of enterprise in experimenting, with conservatism in judging of results, that we place a greater degree of importance upon his work than upon that of most men.

In the present article he confirms a previous favorable report on the use of peroxide in epilepsy. In one case, of thirty years duration, he prescribed two drachms of the ten-volume solution twice daily in water. The attacks were reduced in frequency and in severity from the first; and for seven years the patient kept the remedy at hand, believing that without it the attacks would recur. She employed it occasionally, and eventually recovered completely. Recoveries from epilepsy after so long a period are sufficiently rare to render this case worthy of note. Slight ptialism occurred sometimes while the peroxide was being taken, but the patient stated that she thereby experienced relief from symptoms of cerebral oppression and vertigo. Dr. Richardson advises a systematic trial of peroxide in epilepsy, especially in the Jacksonian variety.

While peroxide has no specific virtue in anemia, it enhances the beneficial action of iron. He gives 1 grain of ferric sulphate and 1 or 2 drachms of the ten-volume solution, in 2 ounces of water, thrice daily. In one case of pernicious anemia the solution was given in half ounce doses, with very good results. So much benefit is obtained from free purgation in anemia, that he always adds this measure to the chalybeate regimen. Peroxide acts similarly, by promoting the biliary and pancreatic secretions; and may also assist in the absorption of iron from the alimentary canal.

In mesenteric disease and struma, it almost invariably improves the digestion, and renders cod liver oil and iron more acceptable. Children take

peroxide best with glycerine, say 1 drachm each, with 6 drachms of water, and 20 minims of alcohol. Whether the improvement in strumous cases is due solely to the effect of the drug upon the digestion, is uncertain; but in some cases there seemed to be a direct beneficial action exerted upon the diseased glands.

In diphtheria, the peroxide causes a rapid separation of the false membrane, and puts the surface in a favorable condition; but here the benefit ends. It does not remedy the constitutional state, or touch the collapse. He invariably prescribes it locally for the throat and the nostrils, when there is an ichorous and offensive discharge.

Nevertheless, it is certain that if this is properly done, the constitutional condition will be improved and collapse prevented in a great measure. The solution must be used as strong as possible and as often as possible; and if this be done, results will be obtained that are thought impossible by the advocates of the constitutional theory of diphtheria.

In intestinal affections, he has employed peroxide by enema. In cancer and ulcer of the rectum, injections of peroxide with tannin gave good results. In one case of chronic dysentery he used peroxide, one ounce to a pint of tepid water, and tannin in quantity not stated. This was thrown in through a long O'Byrne tube. The recovery was so rapid and sound that the experiment should be repeated.

In scarlatina and measles he employed ozonic ether in ointment as an inunction. The whole body is conscientiously covered with the ointment, the flexures of toes, fingers, and joints being specially cared for. The application removes all odor, and is grateful to the patient, besides lessening the danger of infection.

In eczema, when chronic and obstinate, good results are to be expected from this ointment; or from the aqueous solution combined with tannin or aconite, one or both.

As a diagnostic agent the peroxide is of value, distinguishing pus from mucus readily, whether applied to sputa or to a closed cavity like the bladder. The evolution of oxygen proves the presence of pus.

He suggests the injection of the peroxide into the bowels in typhoid fever; the hypodermic injection of a thirty-volume solution in asphyxia, as after drowning, narcotic, or anæsthetic poisoning. The injections are harmless, and if the fluid be raised to blood-heat, the gas diffuses with rapidity. In sudden collapse from chloroform, when respiration has ceased, this warm solution might be injected directly into both lungs. Pulmonary cavities and early consolidations might with advantage be injected with peroxide. In profuse hemoptysis, the lung could be injected with the solution saturated with tannin. This does not appear to be a very apt suggestion, as other means, such as digitalis, answer perfectly for all cases of hemoptysis, except those due to the erosion of a large vessel; and in the latter case, tannin would be of very little use. Care must be taken not to supersaturate the blood with oxygen, by delivering the solution too fast, or in too large a dose.

The effect of peroxide in relaxing muscular contraction suggests its use in tetanus and hydrophobia. Mechanically, the liberation of the gas may be used to relieve obstruction of the bowels by involution, for distending the bladder before using the sound, and to distend the urethra posterior to a stricture. Perhaps the uterine cavity may be thus distended, and premature labor thereby induced.

In one case of acute pleuro-pneumonia, followed by pleural abscess opening into the bronchi, and consequent hectic, a very ingenious method was employed to supply ozonized and etherized oxygen by inhalation. The action was eminently satisfactory.

Gonorrhoea sometimes resists silver, and peroxide shows the presence of pus. The author employs 1 ounce of the neutral 10-volume solution with 10 grains of tannin and 3 ounces of distilled water. This was employed until the injections returned unchanged.

Tannic acid itself is so valuable in the treatment of gonorrhoea that Dr. Richardson's experiment counts for very little in favor of peroxide. Niemeyer graphically illustrates the powerful action of tannic acid in aborting this disease in its incipency, while in the chronic forms the tonicity imparted by tannin seems sometimes to be the one necessary element in the cure, when used alone or combined with other agents more directly toxic to the gonococcus. It may well be that the peroxide is just this "other agent" that is requisite; and this will be shown by extended experiment. In fact, the treatment of gonorrhoea is too much influenced by the germicide idea. The disease should be treated by the application of such remedies as are indicated for a simple catarrh, varying with the stage and intensity of the catarrhal process, *plus* the appropriate germicide.

Annotation.

THE editor has returned from a month's trip through the West, bringing with him an enlarged comprehension of the marvelous energy of his countrymen, and the pleasantest recollections of his Western colleagues and their hospitality. He advises all his readers who can possibly do so to attend the coming meeting of the Mississippi Valley Medical Association at St. Louis, where they will meet the brightest men in the profession. Go to the meeting, and take your wife with you, and your only regret will be that you have suffered the previous sessions of this Society to escape you.

Recent Work in Obstetrics and Gynecology.

INFECTION Through the Drainage Tube was the subject of a paper by Hunter Robb, M.D. and Albert A. Ghiskey, of Johns Hopkins Hospital.

In this series of sixteen consecutive cases of coeliotomy no antiseptic drugs were employed in the drainage tube or any of its dressings, but a thoroughly antiseptic field was maintained. The authors are so

convinced of the great danger of infection through the drainage tube, that they have made a careful bacteriological analysis, in order to show how far it is possible to maintain a thoroughly antiseptic wound, and under what circumstances infection sometimes takes place. After relating the cases in detail they gave a summary as follows:

In nine cases the cultures were without exception, negative; in six cases a coccus was found growing after the fashion of the staphylococcus pyogenes albus; and in only one was found the staphylococcus pyogenes aureus. These results would lead to the supposition that the staphylococcus pyogenes albus is not so virulent an organism as the staphylococcus pyogenes aureus, and that a septic condition results, as would be expected in cases where the staphylococcus pyogenes aureus is found. To witness such results is to be convinced.

As the drainage tube is thus a source of infection, it is believed that it explains the cause of death in many instances where the patient has died of sepsis on the third or fourth day after operation; but the danger of infection can be reduced to a minimum by the thorough use of asepsis, which saves many lives.

These bacteriological experiments have shown conclusively how difficult it is to be thoroughly aseptic, and yet how important practically it is to maintain an aseptic condition. The technique of the drainage tube is second only in importance to the operation itself, and we believe, as previously stated, that the opinion which many operators hold concerning the drainage tube, is due to their neglect in carrying out the aseptic technique necessary to prevent infection.

MENSTRUATING NURSES (*The Nightingale*).—The question whether menstruation should be regarded as disqualifying a woman for surgical nursing is discussed by the journal mentioned. Some two years ago, a Chicago surgeon made the suggestion that the menstrual discharge rendered the nurse infective, and unfitted her for service in obstetrical cases, and she should be excluded from such work. More recently a New York surgeon substantiated this inference in the presence of a large class, by that saying it was an unwritten law in his practice to exclude menstruating nurses from all major operations.

In arguing against this "unwritten law," which for many reasons must be inoperative, while it is true that the vagina contains bacteria, and that the menstrual blood becomes disintegrated and rapidly offensive, the same is true of perspiration and other excretions, and it would be as rational to exclude every perspiring man from the operating room as to exclude every menstruating woman. Attention is called to the fact that if curetting and other operations can be performed upon the patient during menstruation with safety, it proves the surgical innocuousness of the menstrual discharge.

Prof. Goodell, when questioned upon this point, stated that it had never entered his mind for a moment, and that he could not imagine anything more ridiculous; that for years it had been his custom, in every case, to have the anæsthetic given by a woman, and that there were at the same time four or five female nurses present at each operation. He therefore regards the point as unimportant.

A perfect woman, nobly planned, is indeed lovely to behold. Cosmetics, from being relegated to quacks and drug clerks, should have a prominent place in medicine, and especially in gynecology. By making woman beautiful we make her happy, and render her a source of admiration and pleasure to ourselves.

The term gynecology means a discourse on women. It does not limit to the pelvis. The sooner the conclusion of Goodell is reached, that women have some organs outside the pelvis, the better it will be for the woman. The physician, especially the gynecologist, does wrong when he overlooks the study of the science of cosmetics, for with a knowledge of this he cannot only relieve his patients from the suffering of shame, from disfiguring blemishes, but also guards them from dangerous experiments. The *ars ornatricæ* has been studied as long as woman has been on the earth; but its scientific study remains yet to be developed. Wm. Wood & Co., of New York, have given to American physicians one of their rare treats in the form of a translation of the book "Cosmetics for Physicians and Pharmacists," by Dr. Heinrich Paschkis, Docent at the University of Vienna. How to make women beautiful must be well understood in Vienna, for Viennese are certainly the most beautiful women in the world.

GYNECOLOGY in Spain has been rather in the background, possibly because the women there are so beautiful that they never get ill. More probably because the men have not the energy of other countries. A committee appointed has found that in the whole country next to no provision has been made for the treatment of women suffering from diseases peculiar to their sex, and they report the urgent need of the founding of institutions for this purpose in Madrid, and in each of the provinces. There is a strong probability of the establishment of an institution in Madrid in the near future, for the treatment and teaching of diseases peculiar to women, with all modern appliances.

OBSTETRICS and gynecology are quite well represented in the report of the Missouri State Medical Society, which is just at hand. This very neat and highly valuable volume contains Phlegmasia Alba Dolens, by L. I. Matthews, of Carthage; Laceration of the Perineum, Chas. W. Adams, Kansas City; The Uterus, Frank A. Glasgow, St. Louis; The Direct Treatment of Diseases of the Tubes and Ovaries, A. V. L. Brokaw, St. Louis; Two Interesting Cases of Abdominal Surgery, C. E. Ewin, Independence; Some Practical Points in Abdominal Surgery, John H. McIntyre, St. Louis; Malignant Disease of the Uterus, Its Diagnosis and Management, Andrew L. Fulton, Kansas City.

PHLEGMASIA ALBA DOLENS is considered by Matthews to have something back of its local and general phenomena, some other grave pathological condition, and it is of more importance to recognize this fact in the management of these cases than the marked local symptoms exhibited, as pain, swelling of the limbs, and the fever that characterizes the disease. If septic intoxication is present, the source of the trouble should be found and removed, if possible. If septiciæmia or septicopyæmia exists, the best means at our command will be required. The pain in the limbs can be relieved by opium and anodyne liniments, fever by the usual remedies, and for support to the disabled and swollen limbs, smooth and well adjusted bandages are of great value. As near absolute quiet as possible should be enjoined upon the patient. He reported three cases, one of which was interesting from the fact that no septic, cellular, or other localized trouble could be observed, and the onset of the disease could only be accounted for by the too early getting up, or undue exercise. Another interesting feature was the formation of a blood clot in the pulmonary artery, which produced the acute

dyspnoea, and the distressing symptoms witnessed; the weak, rapid, and tumultuous action of the heart, the struggling for breath, and the condition of almost fatal syncope. Granting that there was an embolus or thrombus in the pulmonary artery, the most wonderful feature of the case is that the patient recovered, for these cases die with but few exceptions.

THE Uterus, or rather the various operations on it, is discussed by Dr. Glasgow. The literature referring to the uterus receives attention, also Alexander's operation and fixation of the uterus. Hysterectomy for fibroids he considers an operation firmly established, and is now justifiable in many cases where it could not have been recommended several years ago. He thinks that in a few years the high amputation will be the exception, and total extirpation the rule. The study of the effect of the removal of the uterus and appendages has been carried on more extensively than heretofore. The weight of opinion seems to be that the removal of the uterus has a more depressing effect on the mind than the loss of the ovaries. In fact, ovariectomy has very little effect on woman's nature. Many are beginning to doubt that the presence of menstruation is sufficient cause for the postponement of an operation, a few even contending that it is the best time to operate. Pregnancy no longer offers a barrier to abdominal operations, as patients are found to do very well under these circumstances.

SOME Practical Points in Abdominal Surgery was handled in a pointed, practical way by McIntyre. He thought that he who essayed to do abdominal and pelvic surgery should be so fitted by previous observations and training that when he comes into "action" he will be "ready for anything, and surprised at nothing." He uses but little morphine, as it tends to lock up secretions, and prevent the elimination of morbid material. The doctor much prefers bichloride of methylene, in a Junker's inhaler, as an anæsthetic.

THAT great enterprise, a true illustration of all that is American in energy, talent, and editorial capacity, "The Annual of the Universal Medical Sciences," is again before us. The work done in gynecology and obstetrics throughout the year is noted most carefully, and nothing of any importance is omitted. The labor saving to the practitioner is wonderful. In looking over the work in this department we find that Cincinnati, who has a host of able gynecologists and obstetricians, furnishes much of the wisdom collected by the editors. Below may be found selections from these selections:

DR. ILLOWAY gives the symptomatology of tubal gestation: (a), The symptomatology from the outset of the period of labor; (b), The symptomatology after that period. At the outset there is consciousness of being pregnant, and in from four to ten weeks other symptoms, viz.:

1. Colicky pains in the hypogastrium, usually very violent, preventing standing erect or lying stretched out; skin cold and pale, and covered with a clammy perspiration; pulse small and thready, with occasional vomiting. The suffering may be so great as to produce syncope, often paroxysmal, lasting a few hours or a day, then restoration to health until another attack. These pains rarely occur before the first month, and frequently not until after the fourth or fifth.

2. There may be in addition a fixed grinding pain in the iliac fossa extending down the thigh. Both forms of pain are more severe in the tubal variety.

3. Vaginal hemorrhage having a menstrual character may occur at intervals, or be continuous. We may have symptoms of abortion, or supposed abortion, profuse hemorrhage, with discharge of decidual mucous membrane.

4. Abdominal enlargement to one side, more common in the tubal varieties.

5. Deviation of the uterus from its normal position, occasioned by a tumor located on either side, in front or behind.

6. The tumor being recognized, careful examination shows that it is elastic and fluctuating, and ballottement demonstrates the presence of a solid body within.

7. Vacuity of the uterus is shown by examination of the uterus with the sound.

DR. A. W. JOHNSTONE says: "The placenta develops from adenoid tissue of endometrium, which is ordinarily sealed from contact with the ovum by epithelium, giving a denuded surface. The development of the placenta depends further upon the agency of the sperm cell, which acts as a sponge or skin graft, inducing new formation of new tissue. Exfoliation of the placenta at term is due to the exhaustion of spermatogenic influence."

In considering the causes of ectopic gestation the physiology of evulsion and impregnation must be discussed. Dr. Zenke says the following theories are generally accepted:

1. That the mature ovum, under normal conditions, is discharged from the Graafian vesicles at the catamenial period.

2. That the ovum is taken up by, or finds its way into the fimbriated extremity of the Fallopian tube, passing through the latter to the womb, there to await further development, or escape with the menstrual discharge.

3. That the ovum may be impregnated shortly before its escape from the Graafian vesicle, or soon after, or within the Fallopian tube, or after its appearance in the uterine cavity.

4. That both the sterile and fertilized ovule may be: (a), Arrested at any point in its course through the tube, or it may be absorbed or developed, as the case may be; (b), It may drop into the peritoneal cavity, there to meet the same fate; (c), A fecundated ovule may traverse the peritoneal space and enter the tube on the opposite side, there to be arrested within its canal, or to find its way into the uterine cavity.

5. It is declared possible by some that the ovum, after its arrival in the corporeal cavity, may, in certain instances, not remain there, but proceed onward and enter the opening of the opposite tube, become fixed there, and develop within the tube or the substance of the uterus. This appears to be far fetched, but may be possible.

6. The Fallopian tube, on the side of the discharged ovule, may be temporarily or permanently paralyzed, either from pressure, or disease, or adhesions, or the lumen of the tube may be occluded from various causes, in any of which cases the opposite tube in a healthy condition may have power to reach over and arrest the escaped ovule.

He gives the causes as usually considered, thus:

1. Shock and terror coinciding with the time of fecundation.

2. Blows upon the abdomen shortly after fruitful coition.

3. Malformation of tube, paralysis or spasm of it, defective or excessively long tube, engorgement or swelling of its mucous membrane, hardening and re-

traction of the fimbriated extremity, as well as the obliteration of the tube within the uterus.

4. Inflammatory processes within the pelvic cavity, and pressure upon the tube caused by swelling or morbid growth.

5. Desquamative salpingitis.

THE treatment of ectopic gestation was considered by Dr. C. A. L. Reed to be best performed by:

1. Abdominal section.

2. The operation should be done in cases before rupture, so soon as the condition can be presumptively diagnosed.

3. The operation should be done in cases after rupture, so soon as the evidences of internal hemorrhage become apparent.

4. In cases in which the viability has already been reached without rupture, pregnancy should be allowed to advance to term before operation, but under the closest vigilance.

5. In all cases the appendages from both sides should be removed, providing the condition of the patient should justify the extension of the operation.

THE case of a five year old girl who suffered from dysuria is reported by Dr. Ranshohoff. The dysuria had lasted for three years. A vesical calculus was diagnosed and removed by vaginal lithotomy. The vagina was dilated with a pair of forceps until the anterior wall was freely exposed to view. It was incised for a distance of three-fourths inch, and through the aperture two uric acid calculi, weighing together 101 grains (6.55 grammes) were removed. Twelve hours after the operation the patient had complete control of the bladder, none of the urine escaping per vaginam. Pain on micturition had disappeared. The temperature had, at no time, passed the normal. The author states that while this case illustrates the facility with which vaginal lithotomy can be practiced in the very young for small stones, the operation displayed the defects of the method in removing large stones in very young girls. The danger in such cases from laceration of the bladder and permanent damage to the vagina must make the supra pubic the ideal method.

IN the treatment of hyperæmesis, Dr. E. W. Mitchell has used the faradic current as strong as it could be borne for 15-20 minutes for six days. One pole on the abdomen, the other a uterine sound, was carried into but not through the cervical canal. Hemorrhage and abortion followed the sixth application. Dr. Mitchell also reports a case in which the only drug affecting the condition was opium, the vomiting, however, returning as soon as the effect of the remedy wore off.

E. S. MCKEE.

CINCINNATI.

Book Notices.

DISEASES OF THE NASAL ORGANS AND NASO-PHARYNX. By WHITFIELD WARD, A.M., M.D., Surgeon to the Metropolitan Hospital, late Clinical Assistant to the London Throat Hospital, etc. New York and London: G. P. Putnam's Sons, publishers, 1891.

This treatise is of decided merit. The author has succeeded in presenting a book on the subject, which is both practicable and intelligible.

THE MOTHER'S HAND-BOOK: A Practical Treatise on the Management of Children in Health and Disease, with an Appendix containing articles on Diseases and Accidents that may Suddenly Happen to Grown Persons. By LEVIN J. WOOLEN, M.D., pp. 419; Cloth, \$2.25; Library Sheep, \$2.75. Richmond, Va.: Everett Wadley Co. 1891.

Pamphlets.

Evidence of Arsenical Poisoning in the Snook-Herr Wedding Guests. By I. W. Irwin, M.D. Reprinted from the *New York Medical Journal* for August 1, 1891.

The Proceedings of the Organized Meeting, June 10 and 11, 1890, and the First Annual Meeting of the Oregon State Pharmaceutical Association, June 9 and 10, 1891, held at Portland, Oregon; also, the Constitution and By-Laws, the Pharmacy Law and Complete List of Members. Portland, Oregon: The Longshore Printing and Publishing Co., 1891.

Chorea in Relation to Climate, Especially the Climate of Colorado. By S. T. Eskridge, M.D., Denver, Colorado. Reprinted from *The Climatologist*, August, 1891.

Spasmodic Wry-Neck, and other Spasmodic Movements of the Head, Face, and Neck. By Noble Smith, F.R.C.S., Ed., Surgeon to All Saints Children's Hospital. London: Smith, Elder & Co., publishers, 1891.

The Medical Digest.

FOR PERSISTENT DANDRUFF.—Dr. Stephen recommends that we should use a mixture of 3 scruples each of resorcin, olive oil and sulphuric ether, and 6½ ounces of alcohol. To be well shaken, and applied to the scalp by a bristle brush about twice as large as the ordinary mucilage brush, by insinuating it with the locks of hair; the head to be well washed with soap and warm water twice a week.—*Ex.*

In St. Mary's Hospital is a child about a fortnight old, in whom the sternum and costal cartilages are imperfectly developed. The heart is seen distinctly through the thin cutaneous wall of the chest. The shape and size of the auricles and ventricles, with the filling of the auricles with blood, are quite as visible for all practical purposes as if the organ was completely exposed to view.—*Toledo Med. Compend.*

WATER AS A LOCAL ANÆSTHETIC.—Dr. Sleich, of Berlin, states that subcutaneous injections of distilled water will render the part insensible to pain for several minutes, until the wheal caused by the presence of the water has disappeared. He has employed this method to produce local anæsthesia preliminary to the opening of a carbuncle, and was able to incise the parts deeply, and scrape out the diseased portion without any complaint of pain on the part of the patient.—*Med. Record.*

OINTMENT FOR PRURITUS ANI.—

R.—Hydrargyri bichlorid.	gr. jss.
Ammonii muriat.	gr. ij.
Acidi carbolici.	ʒj.
Glycerini.	ʒij.
Aquæ rosæ.	q. s. ad ʒvj.

M.—Sig. Apply locally, morning and evening.

—*St. Louis Medical and Surgical Journal.*

INTRA-VEINUS INFUSION OF CHLORIDE OF SODIUM IN HÆMOPTYSIS.—Dr. O. Leichtenstern, of Cologne, publishes the result of his experience in transfusion and intra-venous infusion of chloride of sodium in hæmoptysis. He criticises the works of Schramm and Maydl on intra-peritoneal transfusion, and describes *in extenso* seven cases of his own, in which the infusion of a solution of chloride of sodium had been eminently successful in counterbalancing a most serious loss of blood. The author calls the intra-venous infusion of this salt a veritable life-preserver.

PYRIDIN IN GONORRHOEA.—Pyridin having been strongly recommended as an injection in gonorrhœa by Rademacher, Dr. Dollenberg, of Königsberg, writes to the *Allgemeine Medicinische Central Zeitung* to say he has tried it in all stages, and in several different strengths, with entirely negative results.

MELLIN'S FOOD.—

Mother's Milk.		Reaction.		Mellin's Food.
Alkaline				Neutral.
None.....		Starch.....		Usually none.
3 per cent. to 4 per cent.		Fat.....		2.004 per cent.
1 " " " 2 " "		Albuminoids.....		2.17 " "
6 " " " 7 " "		Sugar.....		3.69 " "
.1 " " " .2 " "		Ash.....		.40 " "

That is, the fat and sugar are deficient, while the ash and albuminoids are in excess.—*Canada Lancet*.

At a meeting of the Société de Médecine d'Angers, M. Vaslin contributed a paper on the occurrence of epilepsy long after a fracture of the skull, and when all risk was supposed to have passed away. The production of the fits is ascribed by the author to a detached portion of the bone having been gradually driven under the surrounding bone, and so made to press on the cerebrum. Trephining was performed, the loose portion of bone removed, and the patient made a good recovery.

INJECTIONS OF CAUSTIC POTASH IN EPITHELIOMA.—Professor Rossander, of Stockholm, has communicated to the Swedish Academy of Sciences a detailed account of some interesting observations on the treatment of epithelioma by injections of caustic potash around the tumor, by which four cases were stated to have been entirely cured. This amount of success, in his opinion, rendered it obligatory on him to report the matter to the academy, but he is most anxious to avoid raising too great expectations of the general efficacy of this treatment in the present state of his observations.

ONE WAY TO COLLECT A BILL.—A well known dentist tried hard to collect a bill, but after many ineffectual efforts said to the debtor: "I do not intend to send you any more bills, and I don't intend to sue you; but there is one thing I want to tell you. Every time you cut off a piece of beefsteak and pass it to your wife, I want you to remember that she is not chewing that beef with her teeth, nor with your teeth, but with my teeth." In two or three days he received a check. The notion of those doubly-false teeth in his wife's mouth was too much for the husband.—*Ex.*

TREATMENT FOR FRECKLES.—A writer in the *Lyon Médical* advocated the following :

R.—Ammonii muriat.....	4
Acidi muriatic. dil.....	5
Glycerini.....	30
Lactis virginal.....	50

M.—Sig. The freckles are touched twice daily with a small brush dipped in the above.

As some may not know what lac. virginal is, the formula is here given :

R.—Tinct. benzoin.....	I
" quæ rosæ.....	4
Misce pene.	

This must be well shaken in order to obtain the milky color characteristic of the mixture.

—*St. Louis Medical and Surgical Journal.*

At a recent meeting of the Société de Chirurgie, M. Kirmission brought forward for M. Boursier two cases of excision of the astragalus. The first operation was performed on a patient, twenty-five years old, who was suffering from pes equinus, and for whom the ordinary operations had proved of no benefit. The second case was that of a child seven years old, who was suffering from congenital equino-varus. Both cases did well; the deformity was decidedly lessened, and the feet made more serviceable.

BENZOATE OF MERCURY IN SYPHILIS.—M. Cochery, in his inaugural thesis, recommends the use of this preparation of mercury as very efficacious, and as being without any inconvenience. It was employed, for the first time, in Russia, by Stoukownikoff, in 1888, and in France by Balzer and Thirloix. It is used as an injection made with chloride of sodium, cocaine, and distilled water, and must be freshly prepared, as a crystalline deposit is soon formed. No gastric or intestinal pains are produced, the salt is rapidly absorbed and eliminated, and the only drawback to its use seems to be that it corrodes the needles easily, and that these, when in this condition, give rise to sharp pain.

ACUTE BRONCHITIS.—The citrate of potassium is a favorite remedy of Dr. H. C. Wood in acute bronchitis; his formula is, he says, the most reliable and efficient sedative cough mixture that he has ever used:

R.—Potasse citrat. ℥j.
 Suc. limonis. ℥ij.
 Syr. ipecac. ℥ss.
 Syrupi q. s. ad ℥vj.

M.—Sig. A tablespoonful four to six times a day.

Another favorite expectorant with this writer is oil of eucalyptus, which may be given in 5-minim capsules every three hours. It is only of use after expectoration is established.

Is it not going into extremes to lay down as a hard and fast rule that no two persons can habitually sleep together without loss of health—that invariably one will thrive and the other loose? Yet it is a curious fact that if a young child sleeps in the same bed with an elderly person the child does not thrive, and no doubt it would be better if the custom of separate beds were more universal. According to a French authority, much of the nervousness or discomfort which people complain of when they rise in the morning is due to the fact that each does not sleep alone, and that there are electrical changes going on in the system during the night which work destructive results to those who sleep together night after night under the same bedding. Whether this electrical bogie is sneaking about under the bedding or in the brain of this authority we do not know.

—*The Hospital.*

IGNIPUNCTURE IN TONSILLAR HYPERTROPHY.—An American surgeon recently advocated the claims of ignipuncture in the treatment of tonsils permanently enlarged as the consequence of chronic or repeated attacks of inflammation. The method comprises the introduction into the crypts and lacunæ of an electrode of suitable size, which is made to penetrate to the full extent, and is then brought to a moderate red-heat. Pain is overcome by the previous swabbing of the tonsil with a ten (?) per cent. solution of cocaine, and not more than three or four punctures are made at a sitting. It is possible that this procedure may be found serviceable when the tonsil

is so situated as to make it a matter of great difficulty, as well as danger, to attempt to extirpate it, and when, from extensive adhesions of the pillars, excision is likely to cause severe hemorrhage. Under ordinary circumstances most practitioners will certainly prefer the less tedious and perfectly safe and satisfactory operation of excision either by the tonsillotome, the écraseur, or the bistoury.—*Med. Press and Circular.*

RABIES FROM SKUNK BITE.—Dr. J. H. Cannon reports, in the *Kansas Medical Journal*, the case of a man who was bitten by an animal supposed to have been a rabid skunk.

The following day, by the advice of friends, he visited a neighboring town and had a celebrated "mad stone" applied three times, but it would not adhere. He was told by the owner of the stone to go home and fear nothing. The wound healed by first intention.

Less than a month later evidences of rabies began to appear. "The marked symptoms were: Complete insomnia from the beginning of the attack, fever, extreme restlessness, irregular attacks of maniacal fury—his fury being directed toward his best friends, complete inability to swallow fluids after the first day, and solids after the second day, rapid exhaustion on fifth day, coma and death." The evidence by which the skunk was implicated is very unsatisfactory.

ANGINA PECTORIS.—R. Douglas Powell (*Practitioner*, April, 1891, No. 274) argues that angina pectoris is a disturbed innervation of the heart or vessels, associated with more or less intense cardiac distress and pain, and a general prostration of the forces, always producing anxiety and often amounting to a sense of impending death. Considerable stress is laid on habitual high arterial tension as a factor in causation. Angina is not necessarily associated with coronary or other diseases of the heart or vessels, although it is true that it fatal cases disease or obstruction of the coronary arteries is the most frequent lesion found, after which in order of frequency come fatty degeneration, aortic dilatation, aortic regurgitation, and aneurism. The author classifies the varieties of the affection as follows:

1. In its purer forms we observe disturbed innervation of the systemic of pulmonary vessels, causing their spasmodic contraction, and consequently a sudden extra demand on the propelling power of the heart, violent palpitations, or more or less cramp or paralysis ensuing according to the reserve power and integrity of that organ—angina pectoris vasomotoria.
2. In other cases we have essentially the same mechanism, but with extra demand made upon a diseased heart—angina pectoris gravior.

3. The trouble may commence at the heart through irritation or excitation of the cardiac nerves, or from sudden accession of anæmia of cardiac muscles from coronary disease—primary cardiac angina.

4. In certain conditions of blood (often gout), or under certain reflex excitations of the inhibitory nerves, always, however, with a degenerate feeble heart in the background. We may observe intermittence in its action prolonged to syncope—syncopal angina.

Treatment.—In group 1, nitrate of amyl, and still more nitro glycerine, are of great value, and may require to be combined with nerve tonics or sedatives, iron, zinc, valerian, bromides, etc. In groups 2 and 3, carminative stimulants, or digitalis with nitro-glycerine, are recommended; and of all tonics arsenic, as a rule, is the best.

IODIDE OF POTASSIUM IN DIPHTHERIA.—"In the *Vratch*, Dr. Semen N. Zenenko, of Nijni-Novgorod, speaks highly of the treatment of diphtheria by iodide of potassium. In adults the drug should be given from 5 to 8 grains every two, three, or four hours, up to a $\frac{1}{2}$ to 1 drachm a day (according to the patient's constitution, the severity of the disease, etc.). In children, from one to fourteen years of age, single doses should range from $\frac{1}{2}$ to 3 grains. The administration should be continued until the appearance of iodism and an incipient separation of false membranes, which usually occurs on the second, third, or fourth day of the treatment. The author tried the method in twenty-eight consecutive cases of undoubted diphtheria, in every one of which the patient made a good recovery. Of nineteen other cases treated at the same place by the ordinary methods, sixteen (84 per cent.) died. As adjuvant means, Dr. Zenenko employed hourly gargling with a 2 or 3 per cent. boric or salicylic acid lotion with glycerine and tincture of geranium or camphorated spirit; further, inunctions of gray mercurial ointment (from 3j to 3j twice a day) were used for enlarged cervical and submaxillary glands, while stimulants, quinine, etc., were freely given."—*British and Colonial Druggist*.

TREATMENT OF INCIPIENT PHTHISIS BY THE SHURLEY-GIBBES METHOD.—Mr. J. K., aged sixty-nine years, commenced to fail about ten weeks ago. He coughed constantly, and expectorated much yellow muco-pus, which was sometimes green in color and sometimes streaked with blood. He grew short of breath, his appetite left him completely, and his temperature—normal in the morning—commenced to rise about 9 o'clock A. M., and reached $100\frac{1}{2}^{\circ}$ to 102° in the evening. Then exhausting night-sweats followed. In fact, he had every symptom of consumption; also the physical signs—marked dullness over the apices of both lungs and indications of cavities forming.

Four days after beginning the Shurley-Gibbes injections, his temperature commenced to fall, and in ten days' time was normal. The cough has now almost ceased, and his expectorations are merely white frothy mucus. With the disappearance of the fever, his perspiration ceased and his appetite improved. I consider him practically convalescent, although he has still some indications of tubercular deposits in the lungs. One remarkable thing is the dryness of the respiratory sounds compared to what they were before. He, as well as his family and myself, thinks he has been lifted out of a consumptive's grave.

—Bryan, *Med. Age*.

THE KNEE REFLEX IN EPILEPSY.—Dr. Vasilieff, though not the first to notice the fact that epileptic attacks exercise changes on the knee tendon reflex, has made a slight addition to our knowledge on the subject by a series of experimental investigations, carried on in the laboratory with the help of Marey's chronograph and Bekhtereff's reflexograph, the subjects being dogs thrown into epileptic convulsions by electrization of the cerebral cortex. In the tonic period of the attack it was found to be impossible to excite the reflex, owing to the rigid state of all the muscles; in the succeeding clonic stage, however, the phenomenon was well marked. After a violent fit, accompanied by loss of consciousness, the tendon reflex was usually either entirely absent or very deficient in strength, the change occurring within a few seconds at latest after the clonic spasms had ceased. The length of time during which the re-

flex was absent varied from one to twelve minutes, and it did not regain its normal force for a good while; in some cases not for half an hour or more. Sometimes, however, after it had become normal, a temporary increase in the force of the reflex was observed. It has been noticed by Dr. S. N. Danillo, too, that the knee reflex was absent in dogs in which epileptiform fits had been produced by absinthe. Dr. Vasilieff thinks that these observations may be of value in diagnosing true from spurious epileptic attacks. His paper, as well as those by Prof. Bekhtereff and Dr. Danillo, dealing with the subject of the knee reflex, are published in the *Vratch*, Nos. 16, 22, and 26, 1891.—*Lancet*.

BAD MIDWIFERY.—I am persuaded that the most frequent cause of the retention of secundines, in labor at full term, is mismanagement of the third stage. Physicians, as a rule, are too impatient at the necessary delay in uterine contractions after the delivery of the child. The long-continued contractions of the uterine muscle, together with the last throes of labor, exhaust temporarily uterine contractility, a beautiful provision of nature whereby the placental circulation is maintained until the child shall breathe freely, and thus the sources of oxygen be changed from the placenta to the lungs. If, during this state of uterine inertia, attempts are made to deliver the placenta, as is too frequently done, it is torn prematurely from its attachments to the uterine walls, and fragments of the secundines are left behind, which become the source of after-complications.

Unless there be *post partum* hemorrhage, or some other positive indication for interference, attempts to deliver the placenta should never be made until spontaneous uterine contractions have torn it from its attachments and expelled it into the vagina. When physicians generally learn this valuable lesson, *post partum* complications, tardy puerperal convalescence, and cases of chronic invalidism, resulting from mismanagement of the third stage of labor will be much rarer than at the present time.

—Ferguson, *Ind. Med. Jour*.

NOTES ON THE MANAGEMENT OF THE THIRD STAGE OF LABOR.—The uterus in all cases should be allowed to rest after the birth of the child unless hemorrhage sets in. "No hemorrhage, no hurry," is an axiom I have always acted on and taught students. The expression of the placenta by intermittent pressure or kneading I hold to be a mistake, as it converts the uterus into a bottle syringe, and pumps out blood without detaching the placenta (should it be even only partially adherent). The traction on the funis, though condemned by most authorities, I have found to do no harm, provided steady grasping pressure is applied at same time to uterus with other hand.

We are all aware that a common cause of delay in the third stage of labor is the atmospheric pressure, but if traction on the funis backward be made while steady grasping pressure is applied to uterus we shall be able to know at once if morbid adhesions exist, as the delay, if due to the previous cause, will at once be overcome.

The elastic feel of funis when traction is made will also prove a most useful guide.

It is important to remember, while making pressure over fundus, that if this is not judiciously done it will occasion much unnecessary pain to the patient, the ovaries lying in close proximity to the uterus, and liable to be included in the grasp of attendant.

When it becomes necessary to deliver the placenta manually it is most important that the uterine cavity should be directly afterward well flushed with hot water (previously brought to boiling point). This will remove shreds of membrane or portions of placental tissue, which, if left to remain, would, without doubt, become a source of danger to the patient, and an avoidable cause of anxiety to any conscientious practitioner. Should the flushing fail to remove *all*, and if anything is felt protruding from the os, a blunt curette, or what I have found most useful, a plated marrow spoon, the concavity of which fits the finger, and can be introduced without pain to the patient, will loosen any small portions of placenta still adherent, and the flushing should then be resumed till water returns clear. In *all* cases, while flushing the cavity, the hand of either nurse or doctor should be applied to uterus, and pressure made as the tube is withdrawn, the dorsal decubitus being the best position.—Duke, *Hosp. Gazette*.

ARTIFICIAL MODIFICATIONS OF CLIMATE.—It is a significant fact that the oldest portion of the city is well furnished with magnificently-wooded squares, having Independence, Franklin, Washington, Rittenhouse and Logan Squares, all within Vine street and South, while in the newer portions there are practically none of these open spaces, unless we count the cemeteries, the Girard College grounds, and similar institutions.

Some splendid opportunities still exist for locating green and blossoming spots in the denser sections. Girard avenue, a portion of South Eleventh street, and, when the old market houses shall finally be removed, portions of Callowhill and Second streets, all offer themselves to better uses than a wide and meaningless expanse of Belgian blocks.

A rounded or oblong space for ornamental vegetation, and a small fountain at each corner of the wide pavement surrounding the City Hall, would materially enhance the beauty of the place, and serve to temper the atmosphere.

Where the oblique streets intersect simultaneously a north and south and an east and west running street, a good instance being Broad street, Fairmount avenue and Ridge avenue, a large space is found which could be utilized for trees, shrubs or grass.

For planting along the sidewalks careful choice should be made of such trees as will not grow too high, or spread their branches too widely. With proper precautions in selection there are but few of the main streets, outside of the business center, which could not be thus utilized for equalizing the temperature and humidity of the atmosphere, as well as for enhancing the beauty of the city.

I conclude with these propositions:

1. The climate of a country, of a State, or of a municipality, can be affected by its policy.
2. Legislative measures, stimulating favorable and repressing unfavorable modifications of climate, are worthy the attention of law-makers.

—Wolfe, *Annals of Hygiene*.

CASCARA SAGRADA IN HABITUAL CONSTIPATION.—Cascara sagrada was brought to professional notice about the year 1878. In small doses I find it has a tonic action. It gives tone to muscular tissue, and exerts some influence on the liver. In large doses it is purgative, acting specially on the large intestines. It increases the intestinal secretions, and also the peristaltic action of the bowels. The extract of beladonna and purgatives increase its action. I have, during the past year and a half, prescribed cascara a

great many times, and have found it a reliable and valuable medicine. It is chiefly in chronic constipation that I prescribe cascara. In habitual constipation, it is one of the very best laxatives we possess. To persons of a sedentary occupation, with constipation and general sluggishness of the bowels, the administration of the fluid extract of cascara sagrada, in small doses, will generally be very beneficial.

I usually give the fluid extract in from 20 to 30 minims, in a little coffee, night and morning, until it begins to act, when I diminish the dose, and also omit giving it in the morning. Some persons may object to taking the fluid extract on account of its bitterness. To such persons I am in the habit of giving the cordial of cascara, and I think that it is also better suited for children and babies. The only reliable preparation that I have been able to find is that made by Parke, Davis & Co., of Detroit, Mich. Their preparations of the fluid extract and the cordial have given me entire satisfaction.

It is well to remember that the medicine is to be used in small doses, and special attention should be given to see that the preparation is reliable. I have been disappointed two or three times in the use of what proved to be poor preparations.

—Rogers, *Med. Monthly*.

EARLY RECOGNITION OF TUBERCULOSIS IN CATTLE.—A most remarkable observation has recently been made by M. Léon Mandereau, of Besancon, which, if corroborated, must alter very considerably our ideas on the subject of the distribution of the tubercle bacillus in generalized and local tuberculosis. This observer removed from the eyes of cattle that had succumbed to tuberculosis a drop of the aqueous humor, stained it according to Ehrlich's method, and found that the characteristic tubercle bacilli were present, sometimes in small, but always sufficient numbers to be readily identified. This opened up the way for the early diagnosis of tubercle, and M. Mandereau made careful examination of more than a score of animals suffering from tuberculosis in various stages. As he expected, he found the bacillus in the aqueous humor in all cases where the condition was generalized; but, more remarkable still, he found them even in those cases where the disease was confined to the lungs and pleura, and even when it was present only in the liver.

This being the case, the diagnosis of tuberculosis could be made comparatively easy during life. This observation is so startling that much hesitation must be felt in accepting it; though made in perfectly good faith, it may be nullified by some undetected fallacy; and until it has been shown that all sources of fallacies were eliminated, it will be well to suspend final judgment. Should it prove to be true, it would be difficult to understand how Cohnheim and Salomonson's experiments on the production of intra-ocular tuberculosis are to be explained, if tubercle bacilli in the anterior chamber, when introduced naturally along the lymphatics, do not give rise to any marked symptoms of tuberculosis. Of course, here it may be argued that a wound of tissues was produced, and that the conditions are, therefore, not the same. Another point for consideration is that, if these observations be correct, we shall have to revise all our notions as to the presence of tubercle bacilli in the blood and lymphatics of the system generally, even in cases of localized tuberculosis—conditions in which it has been held that tubercle bacilli were localized not only in their action, but also in their distribution. If the wound theory is to hold good at all, we should ex-

pect to find that after puncture of the cornea for the removal of the fluid, the tubercle nodules should make their appearance in the eye; and if these nodules do not occur, it is certainly presumptive evidence that tubercle bacilli are not there. Of course, upon such a point as this depends the possibility of the application of the method, even if other observers are able to substantiate M. Mandereau's observations.

It is not now necessary to consider this question as regards the human subject, except in those cases of acute general tuberculosis which frequently are indistinguishable from enteric fever or certain forms of pneumonia; in such cases it might be valuable; but to the veterinary surgeons, who in their examination of cattle have to contend with numerous, and up to the present almost insuperable, difficulties, it would be of great value.—*British Medical Journal*.

WHAT SHALL BE DONE FOR A COLD IN THE HEAD?—It may not be always possible to break up a cold. Sometimes during the congestive stage anything which will allay irritation will suffice. The person who feels a cold coming on should instantly betake himself to bed, drink a cup of hot ginger tea, and make use of a snuff like that which was proposed several years ago by Dr. Ferrier:

Morphinæ sulph..... gr. j.
Bismuth subnit..... ʒiij.
Pulv. acaciæ..... ʒj.—M.

The insufflation of a little morphine at the commencement of a cold in the head is sometimes attended with very happy results. Quinine as an abortant in commencing cold is much in use. The dose should be somewhat large; Dr. T. J. MacLagan says 10 grains. Its efficiency is, however, rather problematical. Doubtless, menthol is one of the best local applications in the early stages of coryza. It may be used in the form of an ointment (menthol 1 part, vaseline 30 parts), or as a spray with liquid alboline. A formula which may do good service is the following:

Menthol..... 1 part.
Liq. alboline..... 30 "

A special spray atomizer, such as sold by all the instrument makers, is needed for the effective use of this combination. Menthol seems to limit congestion to the mucous membrane. It is often followed by a profuse flow of nasal mucus, with little sneezing. Breathing through the nose and mouth the steam of hot camphor-water, and the internal use of carbonate of ammonia are also recommended, and there is often utility in the production of active diaphoresis. Many of late years have claimed decided benefit from full doses of antipyrine, acetanilide, phenacetine, in the onset of cold, and doubtless these new remedies are more and more taking the place of the depressant diaphoretics.

—*Boston Medical and Surgical Journal*.

DIPHTHERITIC PARALYSIS.—We all remember that diphtheria, like scarlet fever, leaves our patient very anæmic and prostrated. It does so because of its poisonous effect in the blood. Hence, we will treat this case in two ways: preventive, that is to limit the extension of the paralysis, and, second, curative. The best authorities agree that by keeping our cases of diphtheria, however mild, in bed, and quiet for a week or ten days after the acute symptoms have subsided, we will prevent many cases of paralysis, for the exertion of an anæmic child naturally favors its occurrence. We will, therefore, instruct this child's

mother to place her in bed, and keep her there for three or four weeks. In the meantime we will insist on her being fed at regular intervals, every three hours, on bread and milk, made thick so as to form a semi-solid. You will recollect the fact that she can swallow soft or semi-solid food better than fluids. Rice pudding, junket, mutton broth, beef soup made thick, extract of malt on her bread—these must be given her regularly every three hours. She may have, in addition, fresh fruit and vegetables, baked potatoes occasionally. Massage in these cases improves the general nutrition wonderfully; it favors peristalsis and promotes digestion and assimilation. Warm salt baths daily given act kindly also. For the medicinal treatment we will order a pill, because she can swallow it best, containing the following:

R.—Strychninæ sulph..... gr. ʒj.
Ferri redact..... gr. j.
Quininæ sulph..... gr. ʒj.
Ac. arseniosi..... gr. ʒj.

M.—Ft. pil. No. j.

Sig. One three times a day.

This will be best administered in a little apple sauce or jelly. If the child shows no marked improvement on this, we will commence to give strychnine, $\frac{1}{10}$ grain hypodermically. We will give this daily. This is especially indicated in pharyngeal paralysis.

—Hollopeter, *Med. Bulletin*.

AN IMPROVED METHOD OF GRAFTING ULCERS.—

Having had an exceptionally large number of chronic ulcers of the leg, which incapacitated the patients from work, and finally brought them into the infirmary, I tried the ordinary methods of grafting, but being disgusted with the very large numbers of total failures I experienced, I undertook various experiments, and at last adopted the following plan, which I distinctly disclaim as my own, but which consists in adopting and combining the ideas of several people. The success I obtained with this method was so marked that I think a large number of practitioners at home and abroad (in India especially, where I found all ulcers very intractable under ordinary treatment) will welcome it. Even when the ulcer is deep, with hard, thickened edges, and extending all around the limb, the method applies. This is to cleanse the surface well for two or three days with boracic fomentations, and then (contrary to what I was taught) slightly abrade the granulations, just sufficient to cause oozing, and apply the graft directly to the abraded surface, where it is held in position, a small pile made of half-inch squares of green protective, four or five squares being placed one on the top of the other. A graft is thus applied to every square inch of surface. And now comes the most important thing of all, and which is an idea I received from a friend. This is to encircle the limb with a fold of carbolic gauze, which extends two or three inches above and below the ulcer, where it is attached to the sound skin by collodion. The ulcer is then thoroughly dredged with boracic powder through the gauze, and the whole is wrapped in a layer of wet boracic lint, which is kept thoroughly moist. As a rule, the dressing is not disturbed for three days, when the lint is removed, and the limb well irrigated with boracic lotion, the grafts remaining perfectly secure under their heaps of protective, which again is kept in position by the gauze. The limb is then redusted with boracic powder, and done up in the wet lint, which is now changed daily. At the end of ten days the gauze and protective are removed, and each graft will be found as large as a sixpence, while those near

the edges will have exercised a spermatic influence, and caused a rapid ingrowing of epithelium. Since adopting the above plan, I may say I never lost a single graft, though employed on most unfavorable surfaces—a very different result to the old way of covering the grafts with a large piece of protective which retained some exudations under it, and thus bathed the tender graft in a poisonous medium, with a result that 80 per cent. of them never "took."

—Gill, *The Lancet*.

TREATMENT OF EPILEPSY.—Under this head Poulet, of Placna les-Mines, in *Bulletin Général de Thérapeutique* writes of a combination of bromide of potassium with Calabar bean, which has given him success in the treatment of obstinate cases of epilepsy where the bromides alone had failed. A favorite formula of his is:

R.—Bromide of potassium..... 100 parts.
Tincture of Calabar bean..... 35 "
Water 470 "

Sig. A tablespoonful, to be increased to a tablespoonful and a half, then two tablespoonfuls, daily.

A tablespoonful contains about 57 grains of bromide, and about 16 minims of the tincture. The medicine may be given in divided doses instead of in one full dose, half a teaspoonful being given at first twice, then three times, then four times a day.

Poulet reports five obstinate cases treated in this manner. These were cases where bromide alone failed to cure:

1. The fits were formerly six or eight a week (*grand mal*). After a year of the new treatment, no return of the epilepsy. In this patient the tincture of Calabar bean is occasionally replaced by eserine in the dose of $\frac{1}{16}$ of a grain to each 15 grains of bromide; the result has been the same. No contraction of the pupil has been observed during the administration of the medicine.

2. A most obstinate case; had been epileptic for eight years, eight or ten fits a day. Failure of bromides given alone, also of bromides and picrotoxin. Definitive cure under bromides associated with tincture of Calabar bean.

3. Also a case of chronic, inveterate epilepsy. Several months' treatment by the combination specified gave exemption from all convulsive accidents.

4. A case of grave epilepsy at the menopause; frequent daily vertiginous attacks ending in convulsions and stupor. At first the disease was successfully combated by bromide of potassium associated with picrotoxin; this combination afterward failing, sulphate of atropine was substituted for picrotoxin (90 grains of bromide of potassium, and $\frac{1}{16}$ of a grain of atropine daily). The latter treatment has been kept up for a year, with complete cessation of the vertigo.

5. A case of cardiac epilepsy; the *grand mal* attacks were followed by hemiplegia with stupor and hebétude (*état de mal*). A combination of bromide and digitalis caused disappearance of the epilepsy (120 grains of bromide associated with 30 minims of tincture of digitalis in divided doses daily).

Poulet terminates his article by the following conclusions:

The bromides remain the sheet-anchor in the treatment of epilepsy—and by the term "bromides" we have especial reference to the bromide of potassium, which alone is truly efficacious.

There are, however, a great many epileptics whose attacks are only mitigated or postponed, not completely suppressed, by bromide of potassium.

In such cases, if we associate the bromide with some medicament which possesses properties identical with those of the bromide (that is, being capable of anæmiating and de-congesting the nerve centers, and paralyzing the system of voluntary muscles), we generally attain results which are perfectly satisfactory in essential epilepsy, and even in partial or Jacksonian epilepsy, on condition that, in the latter, we begin by the specific treatment of the determining cause. The substances that have been most successful are Calabar bean, picrotoxin, and belladonna. In cardiac epilepsy, digitalis must be added.

We may indifferently substitute sulphate of eserine for the preparations of Calabar bean, sulphate of atropine for those of belladonna, and digitalin for digitalis.

—*Am. Jour. of the Med. Sciences*, September, 1891.

THE DIPHTHERIA PROBLEM.—From all parts of the world come reports telling of the increasing ravages of this fell disease, which, in spite of the attentive study and observation of which it has been and is still the object, continues to elude the searcher after truth so far as its etiology is concerned. The disease is one of those which does not appear to be influenced to any marked extent by climate. It claims its victims in regions widely separated, not only by intervening space, but by climatic and general conditions. In fact, up to the present, no one has been enabled to alight upon any association of conditions which can be said to be necessarily associated with its appearance and propagation. Its incidence in various countries varies immensely, and the same curious difference is observable in adjacent parts of the same country, where, of course, the general conditions are the same. So far as statistics go they seem to prove that sanitary reforms which procure an immediate diminution in the mortality from other specific diseases are without effect on the spread of diphtheria. It is possible, however, that this discrepancy is more apparent than real, and that the explanation of its uninterrupted progress is to be found in the inadequacy of the means employed to prevent its propagation by direct personal infection. Insanitary conditions seem, as might be expected, to create a predisposition to the malady, but apparently they do not directly cause it, nor does the opposite condition afford much protection against its onslaught. The importance of direct contagion as a factor in the production of epidemics is evidenced *inter alia* by the prompt and excellent results that follow stringent measures for the disinfection or destruction of infected rags, etc., and the isolation of the sick. There is little reason to doubt, too, that the aggregation of children in schools tends to facilitate its dissemination in spite of the fact that the contagion of diphtheria is very much less readily transferred than in the case of scarlet fever or measles. It is suggested, indeed, that the play-ground is the place where the disease is most likely to be propagated, hence that in epidemics it would be sufficient to close the grounds instead of the schools. If, however, children are allowed to play elsewhere the result would probably be the same. Dampness of soil and houses has been described as a predisposing agent, and this has led certain observers to attempt to demonstrate a relationship between the movement of the subsoil water and out breaks of diphtheria. Unfortunately for these and similar theories, while they may fit in admirably with this or that particular epidemic, they usually fail to account for others. With respect to the alleged indifference of the disease to sanitary conditions, it is worthy of

note that this is not the case everywhere. In Belgium, for instance, the curve of diphtheria is, with few exceptions, the same as that of typhoid fever. Our knowledge of this disease is really of such recent date that it is hardly possible as yet to eliminate the influence of various disturbing factors. Not many years since diphtheria was a comparatively rare disease, if the diagnostic powers of the then practitioners are to be trusted. Unfortunately, however, circumstances do not justify this implicit confidence. Within the last ten years we have learned a great deal in respect of the disease, and at the present time the error, formerly in the direction of a wrong nomenclature, is probably in the opposite direction. Medical officers of health complain of the large number of cases returned as diphtheria which formerly would have been ascribed to tonsillitis or quinsy, and the increase in the mortality from the disease has to some extent coincided with a diminution in the number of deaths ascribed to diseases of which diphtheria may be considered to have taken the place in our nosology. In the course of a few years, some of these disturbing elements will have disappeared, and we shall be able to institute comparisons with less risk of erroneous deductions. The moment is opportune for inaugurating comprehensive inquiries in the various countries where the disease is endemic with the view of endeavoring to ascertain what are the conditions common to epidemics everywhere. It is difficult to believe that there are none such, and this knowledge would materially assist us in circumscribing its ravages. Such inquiries would best be carried out by the respective Governments, and the results might be collated and their bearings discussed at some future congress. The element of individual susceptibility must not be lost sight of; but this susceptibility is, after all, only part of the general etiological conditions respecting which further knowledge is so much to be desired. The same remark applies to its dissemination by domestic animals, a source of infection which may now be considered as proven. Even if we remain unable to prevent outbreaks here and there, recent observations on the propagation of the disease by milk, etc., authorize the hope that means may be found of preventing these outbreaks, degenerating into epidemics; and when that is possible a great progress will have been accomplished.

—*Med. Press and Circular.*

FRENCH NOTES.

A. E. ROUSSEL, M. D.

INOCULATIONS AGAINST YELLOW FEVER (M. Domingos Freire).—From 1883 to 1890, 10,881 persons were vaccinated, as follows:

		INOCULATIONS.	
From 1883 to 1884	418		
" 1884 " 1885	3,051		
" 1885 " 1886	3,473		
" 1886 " 1887	3,576		
" 1887 " 1888	363		
" 1888 " 1889			
" 1889 " 1890			

The mortality of those inoculated and constantly exposed to contagion, who have subsequently contracted the fever, is 0.4 per 100. The mortality among those not inoculated has been from 30 to 40.9. The inoculated patients resided in these localities where the malady was observed in its greatest intensity, not only at Rio de Janeiro, but also in other cities.

—*La France Médicale.*

THE LEGIBILITY OF PRESCRIPTIONS.—The Minister of the interior of Austria has officially notified the burgomasters of all the communes that they shall

exercise a vigorous observation regarding the legibility of the prescriptions of the practitioners placed under their jurisdiction. They shall assure themselves that all prescriptions are clearly and legibly written, so that there shall be no doubt of the nature and dose of the remedy intended, nor of the signature.

—*Revue de Thérapeutique.*

MEDICAL SPECIALISM IN RUSSIA.—The Council of Medicine, and the Minister of Public Instruction of Russia, have been considering the question of reform in the examination for the degree of Doctor of Medicine. It appears that it has been unanimously demanded that there should be added to the title of doctor the *indication of the specialty* which the physician is following. There will be ten recognized specialties.

—*Gazette de Gynécologie.*

PREPARATIONS FOR AFFECTIONS OF THE THROAT AND LARYNX (Lennox Browne).—

Inhalations.—

R.—Creosote.....	4 drachms.
Carbonate of magnesia.....	1½ "
Distilled water.....	2½ ounces.

One teaspoonful to half a pint of boiling water. This inhalation is stimulating, and useful in chronic congestion of the larynx, as well as in chronic catarrh.

R.—Oil of eucalyptus.....	1 to 3 drachms.
Carbonate of magnesia.....	½ to 1½ "
Distilled water.....	2½ ounces.

This constitutes an agreeable stimulant, and possesses a soothing effect in subacute inflammations.

Pulverizations.—The dose prescribed in each formula is the maximum to be administered at each *séance*. In the catarrhal period of tuberculous laryngitis, Lennox Browne prescribes:

R.—Carbolic acid.....	7½ to 15 grs.
Borate of soda.....	1 drachm.
Laurel water.....	12½ fl. drs.
Distilled water.....	112½ "

He considers the following formula as very useful in diphtheria, and uses it to the exclusion of all other local treatment:

R.—Lactic acid.....	1 to 2 drachms.
Distilled water.....	8 "

There should also be applied to the throat equal parts of the acid and water by means of a brush.

Applications.—For light forms of chronic pharyngitis we prescribe:

R.—Iodine,	
Carbolic acid,	
Iodide of potassium.....	āā 4 grains.
Glycerini.....	4 drachms.
Distilled water.....	8 "

Or, in cases of congestion of the naso-pharynx, or glandular pharyngitis:

R.—Iodoform or iodol.....	1 drachm.
Ether.....	8 drachms.

The iodol has the advantage of being inodorous, but it is less active.

R.—Compound tincture of benzoin,	
" " " camphor. āā	8 drachms.
Tincture of belladonna.....	½ drachm.
Mix and add yolk of egg No. 1.	

This preparation is very useful in buccal and lingual tuberculosis in applications immediately before meals. Cocaine may be added.

Pommades.—

R.—Oil of eucalyptus.....	20 drops to 1 dr.
Vaseline or lanoline.....	8 drachms.

This pommade is antiseptic. It maintains the moisture of the mucous membrane in dry rhinitis.

R.—Hydrochlorate of cocaine..... 5 grains.
Oil of eucalyptus..... 20 drops.
Vaseline or lanoline..... 8 drachms.

This pomade is useful in congestive nasal affections, as well as for the removal of polypi, and as a calmate in attacks of hay fever.

R.—Saccharine,
Bicarbonate of soda..... āā 15 grains.
Salicylic acid..... 1 drachm.
Alcohol..... 50 drachms.

For fetid breath, gargarize with a few drops of this mixture in a glass of water.—*La Médecine Moderne.*

POST-MORTEM ACCOUCHEMENT.—Mrs. M. W., aged twenty years, far advanced in pregnancy, died suddenly, one day recently, at five o'clock in the evening. On account of the late hour the husband did not report the death until the day after, when, at 2 o'clock, a physician examined the corpse, and on account of the great heat of the weather he ordered that the inhumation should take place on the same day. At 7 o'clock, when the undertaker appeared, he was astonished to find an infant alongside of the cadaver of the woman. The corpse had given birth to a lifeless child about twenty hours after death. The facts are established by the physician.

—*Le Progrès Médical.*

GERMAN NOTES.

HERMAN MARCUS, M.D.

TREATMENT OF SMALL CYSTS WITH INJECTIONS OF CHLORIDE OF ZINC.—According to the size of the tumor 0.2–1.5 ccm. of a 0.1 proc. chloride of zinc solution should be injected. These injections are painless. The cyst becomes then harder, later soft, and shrinks after four or five weeks. After this small operation, a pale cedema is seen, sometimes a slight hyperæmia of the surrounding skin; Priessnitz's compresses may be used with great advantages for this cedema. Landerer reports cured: Three simple ganglions on the back of the hand, two diffused tumors of the sinews on the back of the hand, one hygroma præpatellare, one hydrocele of the size of an egg, in a man fifty-six years old. The treatment is *tuto jucunde*, but moderate *cito*.

—Landerer, *Munchner Med. Wochenschrift.*

THE ACTION OF BENZINE AFTER EATING PORK CONTAINING TRICHINÆ.—Dr. Puetter, Jr. (Stralsund), reports: During the summer 1890, twenty-seven persons ate of a freshly killed hog. A few hours afterward it was found that the animal contained quite a number of trichinæ. All twenty-seven persons, partly adults, partly children between fourteen and seventeen years old, ate of the cooked ham, while five of them (females) ate, while preparing some of the meat for sausages, of the uncooked meat. The same evening Puetter was called in and prescribed R.—Benzoli, gr. viiss, ad. caps. gelat., No. 270. Sig. 10 capsules as directed. He ordered that every one of these twenty-seven persons take five capsules on an empty stomach the next morning, to be followed after an hour, by a teaspoonful of pulv. rad. rhei. and pulv. liqu. comp. (āā), the children in proportion to their age. On the afternoon to be repeated (five capsules and a teaspoonful of the powder). The next day only the powder should be used. The benzine was taken by all without any ill effects. All were cured.—*Deutsche Med. Wochenschrift.*

TREATMENT FOR TAPE-WORM.—Dr. S. Stein recommends the following: Firstly, let your patient, two days before beginning actual treatment, eat of

only such things which make a small amount of excreta, also give daily a glass of Hunyadi water. On the morning of the third day the patients get the anthelminticum, the extr. filic. maris. aeth. in gelatin capsules, gr. viiss at a dose. Sometimes smaller doses may do. Stein generally uses sixteen to twenty of such doses inside of two hours, followed after another two hours with a laxative (castor oil preferred). Excellent results are claimed for this treatment.—*Pest. Med. Chir. Presse.*

ICHTHYOL.—Stocquart (*Arch. de Méd. et de Chir. Prat.*), found that Ichthyol, taken internally in solution (gr. ivss–gr. xvss), is an excellent remedy in the treatment of vertigo and headache due to dyspepsia. He claims it as superior to bromide of potassium.—*Deutsche Medizinische Zeitung.*

URTICARIA.—Quinquand treats urticaria as follows: Alkalies internally, and if unsuccessful, arsenite of sodium or naphthol is used. Against the itching he recommends either of these two prescriptions:

R.—Acidi borici..... 3vij, gr. xliij.
Chloral. hydr..... 3j, gr. xv.
Aq. dest..... 3vj, 3v, gr. xij.

M.—S. Use as wash externally.

Or:

R.—Acidi salicylici..... 3j, gr. xv.
Zinci oxid..... 3ij, gr. vj.
Amylii pulv..... 3viiss.

M.—S. Use as powder externally.

—*Deutsche Medizinische Wochenschrift.*

CHROMIC ACID IN EPISTAXIS.—Pogorielsky recommends the use of chromic acid in the treatment of epistaxis. He cured one obstinate case by touching the hyperæmic portions with crystals of chromic acid which had been molten on a platinum wire.

—*Wiener Med. Wochenschrift.*

ERYSIPELAS.—Dr. Trapesnikow (*Russk. Med.*) has used carbol in the treatment of erysipelas, as recommended by Eichhorst, in twenty cases. The results were very satisfactory. Cures were effected inside of from six to ten days in cases in which treatment was begun four to five days after the disease appeared. The treatment was:

R.—Acidi carbolici..... gr. xxx.
Ol. terebinth..... 3vij, gr. iij.

M.—S. Apply to parts hourly.

—*Deutsche Med. Zeitung.*

FACIAL ERYSIPELAS.—Dr. Hochhalt recommends the applications of ichthyol, in 2-per-cent. solutions, in the treatment of facial erysipelas. He claims cures in from three to four days.—*Pest. Med. Chir. Presse.*

MENTHOL AGAINST VOMITING.—Lahnstein used menthol in a child suffering from traumatic peritonitis to relieve the vomiting. Opium and morphine showed no influence.

He used:

R.—Mentholi..... gr. xv.
Sp. vini..... 3v.
Syr. sacchar..... 3viiss.

M.—S. 3j every hour.

The vomiting stopped after using five teaspoonfuls, returned the next day, but stopped permanently after using three more teaspoonfuls.—*Der Kinderarzt.*

AT THE WRONG BUSINESS.—Physician: "What is your profession, sir?"

Patient (pompously): "I am a gentleman."

Physician: "Well, you'll have to try something else; it doesn't agree with you."—*Life.*

Medical News and Miscellany.

At the Island of St. Kilda, in the West Hebrides, almost every child born dies of tetanus neonatorum. There is no physician on the island.—*Ex.*

An analysis of the Keely "bichloride of gold" cure for drunkenness revealed the presence of chloride of ammonium, aloin and Huxham's tincture, but no gold.

THE Twenty-second Annual Session of the Medical Society of Virginia, will be held at Lynchburg on October 6. The Virginia Medical Examining Board meets at the same time and place.

GNORRHOEAL RHEUMATISM IN A YOUNG CHILD.—Dr. Auguste Ollivier reports in *La Médecine Moderne* of June 25, 1891, a case of gonorrhœal rheumatism observed in a girl five years of age.

IN 1883 Zurich voted to do away with compulsory vaccination. The year previous there were three deaths from small-pox, the next year there were eight, the next year there were fifty-two, and the following year there were eighty-five.

WE find on our table the first number of *The Climatologist*, a handsome monthly, edited by Drs. Keating, Packard and Gardiner, and published by W. B. Saunders. This initial number contains several very good articles, some of which relate to climatology.

A BOGUS medical college has been discovered in Tacoma, of which one of the "professors" is said to be a "truck-farmer on a three-acre lot." Diplomas from the Victoria University of Montreal have appeared in Dakota, procured from a Canadian printer, and filled in clumsily by the purchaser.

A PRINCELY GIFT.—The King of Italy recently celebrated a birthday, and did himself no small honor by sending a munificent contribution to the city of Turin, which is just now struggling to raise a fund for the erection of a hospital for contagious diseases. His gift is quoted at 160,000 lire, or about \$32,000.

THE cities of the northwest offer very poor openings for physicians. The death-rate is probably the lowest of any great cities in the world, and there is a distressing absence of zymotic affections; while even the great resource, tuberculosis, is comparatively rare.

THE Marion-Sims Medical College has come into the fold, and after the coming term will exact three courses of lectures and an entrance examination; whereat the *Kansas Medical Journal* gleefully remarks:

"While the lamp holds out to burn,
The vilest sinner may return."

THE amount of iodoform used in the Paris Hospital is something extraordinary, and seems to be "progressing favorably." The authorities contracted for a supply of 48,000 kilogrammes (about 24 tons) at the beginning of the year, but by last month the supply had run out, and the surgeons, like the daughters of the horseleech, were asking for more. It was not, however, until one of them, irritated by the hesitation of the authorities to accede to his demand for a further supply, purchased some at his own expense, that the authorities were shamed into contracting an additional supply, this time at the rate of sixty instead of forty-two francs the kilo.

A LAW FOR THE PREVENTION OF SYPHILIS.—The Massachusetts Legislature has enacted a law which provides that all inmates of charitable or penal institutions who are found to be suffering from syphilis shall be isolated and treated, and, if necessary, detained in the institution until the infectious stage of the disorder is passed.—*Med. Age.*

THE new institute in Berlin for infectious diseases was opened on August 17. Dr. Koch is at the head of this institution, which is divided into a scientific department and a hospital. Dr. Pfeiffer is in charge of the scientific department, while Dr. Krieger conducts the hospital. Drs. Petrusckki, Frosch, Behring and others, act as assistants. The "Macrkische schwestern" (nuns) will act as nurses.

At Manjeri, in Malabar, a disease has declared itself, which possesses novel and peculiar features. The first symptoms are those of ordinary cold with fever. Then a small vesicle, like that of small-pox, appears on the tip of the little finger, and when this breaks deaths ensue. Dr. Beach, a local practitioner, is devoting himself to the study of this peculiar complaint.

A SUICIDE who recently terminated his career in the congenial surroundings of Hampton Court, left a suggestion, in writing, for the coroner's jury, that in order to vary the monotony of a verdict of "suicide while of unsound mind," they might word it "death from inability to cope with the problems of life." The jury, however, declined to be dictated to, and declared the diseased philosopher to have been *non compos*.

A DERMATOLOGICAL CONGRESS.—The German Dermatological Society will hold its second congress at Leipzig, on September 17, 18, and 19. Among the subjects for discussion on the programme are the following: Tuberculin in the Treatment of Tuberculous Affection of the Skin and Mucous Membrane, to be introduced by Prof. Kaposi; and the Pathology and Treatment of Eczema, by Profs. Neisser and Veiel. A large number of communications on other subjects have been promised.

LEPROSY IN JAMAICA.—Dr. Donovan, in his annual report to the Governor, on the Lepers' Home, Jamaica, estimates the leper population of the island at 450, or one leper to 1,380 of the population. Pending general legislation on the question of isolation, he recommends a prohibitive enactment against lepers keeping provision stores or being employed therein, or in the preparation of food; that no leper be allowed to engage in any of the following vocations, namely: baker, butcher, fisherman, tailor, school-teacher, etc.

A MEETING of the Surgeons and Assistant Surgeons of the National Guard of the United States was held in Chicago, Thursday evening, September 17, 1891, at the Leland Hotel. The purpose was the organization of an Association of Military Surgeons of the National Guard of the United States, for the advancement of Military and Accidental Surgery, and all things pertaining to the health, usefulness, and welfare of the civilian soldiers.

The Order of Military Surgeons of New Jersey was organized May 12, 1889. It was first in the field. The meeting was called and an organization effected upon a call made by Surgeon-Major E. L. B. Godfrey, 6th Reg't, N. G. N. J., Camden.

THE Austrian Home Ministry has issued a circular directing that the regulations intended to prevent the importation of cholera into that Empire shall be immediately put into force. An authority on this subject states the pilgrims from Mecca began to reach Europe about the end of last month, and that from now the introduction of cholera is really to be feared.

DR. JOSEPH H. S. JOHNSON, a practicing physician, has entered suit in the Circuit Court to recover \$50,000 damages from the city for personal injuries. Owing to a defective sidewalk the doctor tripped and fell upon the walk, and four of his ribs and his breastbone were broken and he was otherwise injured. The claim is made that he will never again be able to attend properly to his business.

THE Commissioners of the Lancashire Lunatic Asylums state in their annual report just issued, that "although drunkards are not generally regarded as insane, it is a question whether the habitual tippler might not with advantage be considered an irresponsible being, and treated as such." They point to the fact that in not a few cases the only cause that can be detected for a patient's insanity is the intemperance of one or both parents.

MR. JOHN SHEMMONDS, a chemist, of Winton, near Bournemouth, died from the effects of accidentally inhaling the fumes from a bottle of ammonia, which exploded in his hand as he was opening it. One of his eyes was shockingly burned, as well as his mouth and throat, which were penetrated by the concentrated vapor, causing acute congestion of the wind pipe and lungs; and he must have suffered intense agony. Tracheotomy was tried as a last resource, but in vain.

DURING the last quarter the Aberdeen public analyst examined thirty-one samples of aerated beverages, and only ten were found to be pure. One quantity of lemonade contained as much as 4.3 grains per gallon of lead, another 2.25, a third 2.25, and a fourth 1.2 grain, while the others contained .90 to .04 grain per gallon. Two samples contained heavy traces of iron, but this impurity is decidedly less objectionable than the other. No wonder lemonade is sometimes contemptuously described as "liquid stomach-ache."

KIRKLAND MISSION OF CHICAGO.—During the last two years 5,546 patients have been given medical attention without charge. During the time mentioned 8,494 visits have been paid to the dispensary, 1,021 visits have been made by the physicians, and 10,502 prescriptions have been filled.

The Medical Board is as follows: S. W. Cox, M. D.; O. C. Neier, M. D.; J. G. Wolfe, M. D.; C. E. Greenfield, M. D.; and W. C. Leslie, druggist.

The Kirland Mission was originated about eight years ago. On the first day of October, 1883, Alexander H. Kirkland, who came from Brooklyn, gave a free breakfast to the poor on the Clark street steps of the Custom House Building. Coffee and sandwiches in abundance were served, and later in the day a feast of reason and religion followed the physical repast. That morning the Mayor, Carter Harrison, and Senator J. V. Farwell passed the building together. Mr. Harrison, learning of what was being done, sent to the Rev. Mr. Kirkland a roll of bills containing several hundred dollars. Senator Farwell was so impressed with the enterprise that he leased for it the old Adelphi Theatre building at No. 68 South Canal street, of Chicago.

UNDERTAKER (sympathetically): "What ailed your wife?"

Bereaved husband: "Wall, fust she took a bad cold, then she tuk the doctor's prescription, then she tuk her bed, and a tween the three, they just laid her out."—*Pharmaceutical Era*.

WEEKLY Report of Interments in Philadelphia, from September 5 to September 12, 1891:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess, ovarian	1		Inanition	1	14
Apoplexy	6		Inflammation brain	5	9
Asphyxia	1		" " bronchi	1	1
Bright's disease	10		" " kidneys	6	
Cancer	9		" " larynx		1
Casualties	12	2	" " liver	1	6
Cerebro-spinal meningitis ..	1		" " lungs	1	1
Congestion of the brain	5		" " pericardium	3	2
" " " lungs	1		" " peritoneum		1
" " " liver	1		" " ear		1
Childbirth	1		" " s. & bowels	4	15
Cholera infantum	20		" " tonsils		1
" morbus	1		Jaundice		1
Cirrhosis of the liver	3		Mania-a-potu	1	
Consumption of the lungs	25	5	Marasmus		31
" " bowels	1		Measles		1
" " throat	1		Obstruction of the bowels ..	1	
Convulsions	12		Old age	10	
Croup	1		Paralysis	4	
Cyanosis	1		Pemphigus		1
Debility	3		Purpura hemorrhagica	1	1
Diarrhoea	2		Pyæmia		1
Diphtheria	1		Rheumatism	3	
Disease of the hip	1		Rupture of the bowels	1	
" " heart	22	4	Septicæmia	1	
" " kidneys	1		Sore mouth		1
" " liver	1		Softening of the brain	2	
Drowned	2	1	Suicide, shooting	1	
Dropsy	2		" jumping from window ..		1
Dropsy of the brain	1		Syphilis		2
Dysentery	1		Tabes Mesenterica		2
Erysipelas	1		Trismus nascentium		1
Enlargement of the heart	1		Tumor of brain	1	
Fever, scarlet	3		" " hip	1	
" typhoid	9	5	Ulceration of the stomach ..	1	
" typhus	1		Uræmia	2	
Gall stone	1		Whooping cough		9
Gangrene, lu-gs	1				
" foot	1		Total	179	186
Hemorrhage from uterus	2				

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending September 12, 1891.

WELLS, HOWARD, Surgeon. Ordered to special duty in fitting out the new Naval Hospital at Portsmouth, N. H.

HALL, JNO. H., Surgeon. Ordered before the Retiring Board, September 19.

ROSS, JNO. W., Surgeon. Ordered, in connection with present duty, member of Board on Labor Employment.

THE KELSEY ORIENTAL BATH CO., LIMITED,

H. W. KELSEY, Manager,

Turkish and Russian Baths,

1104 Walnut Street, Philadelphia.

For Gentlemen, Daily, from 7 A. M. to 11 P. M.
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Ladies, 9 A. M. to 6 P. M., Week Days Only.

Single Baths, \$1.00; 7 Tickets, \$5.00; 15 Tickets, \$10.00.
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THE BEST ANTISEPTIC
FOR BOTH INTERNAL AND EXTERNAL USE:

ANTISEPTIC,
PROPHYLACTIC,
DEODORANT.

LISTERINE

NON-TOXIC,
NON-IRRITANT,
NON-ESCHAROTIC.

FORMULA—Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boric Acid.

DOSE—Internally: One teaspoonful three or more times a day (as indicated) either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Diseases of the Uric Acid Diathesis.

LAMBERT'S

LITHIATED HYDRANGEA

KIDNEY ALTERATIVE—ANTI-LITHIC.

FORMULA—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.

DOSE—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia Albuminuria, and Vesical Irritations generally.

We have much valuable literature upon **GENERAL ANTISEPTIC TREATMENT, LITHÆMIA, DIABETES, CYSTITIS, ETC.** To forward to Physicians upon request

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PEROXIDE OF HYDROGEN,

(MEDICINAL) H_2O_2

(ABSOLUTELY HARMLESS.)

Most powerful antiseptic known.

Endorsed by the Medical profession as being the only reliable preparation, on account of its uniformity in strength, purity and stability.

It retains its active germicidal power for any length of time if kept with ordinary care.

Can be taken internally or applied externally with perfect safety.

A REMEDY FOR HAY FEVER, ROSE COLD, CORYZA, AND ALL DISEASES CAUSED BY GERMS.

The microscopical examination of the unhealthy mucous secretions and excretions from the nostrils of Hay-fever sufferers demonstrated the presence of small ovoid micro-organisms, which are annihilated instantly when brought into contact with Marchand's Peroxide of Hydrogen (Medicinal): "Oxygen is liberated in that nascent or most active and potent of its conditions next to the condition known as Ozone."

The treatment of Hay-fever by means of Marchand's Peroxide of Hydrogen (Medicinal) produces the same indisputable results which are obtained when the patient goes to the White Mountains, where the atmospheric conditions are such that the air contains always a small quantity of ozone. The constant breathing of this ozonized air accomplishes the cure of this disease in a very short time.

CAUTION.—By specifying in your prescriptions "Ch. Marchand's Peroxide of Hydrogen (Medicinal)," which is sold only in $\frac{1}{4}$ -lb., $\frac{1}{2}$ -lb., and 1-lb. bottles, bearing my label and signature, you will never be imposed upon. Never sold in bulk.

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A book of 72 pages, containing full explanations concerning the therapeutical applications of both CH. MARCHAND'S PEROXIDE OF HYDROGEN (Medicinal) and GLYCOZONE, with opinions of the profession, will be mailed to physicians free of charge on application.

☐ Mention this publication.

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

SOLD BY LEADING DRUGGISTS.

Laboratory, 10 West Fourth Street, New York.

Notes and Items.

BUSH, J. P., MANUFACTURING COMPANY (32, Snow Hill, E.C.).—This Company's exhibit consisted solely of one preparation, to which the name "Bovinine" has been given. It is a preparation of the juices of lean, uncooked beef, mechanically expressed, in which is preserved all the albuminoid elements in addition to the meat salts and extractive matter. The albuminoids amount to 20 per cent., hence "Bovinine" is of great value as a dietetic in cases where a concentrated and readily assimilable food is required.—*Hosp. Gazette*.

A TALE OF RETRIBUTION.—"If I were as Lean and Scrawny as you are," said the Reporter they called Fatty, "I would Hire Myself Out as a Living Skeleton."

The Lean and Scrawny Reporter made no Reply, but the City Editor came in Presently and said:

"Fatty, there is a Man at the Hospital who has Lost Nine Square Inches of Skin from his Back, and the Doctors want Nine Square inches of Skin from a Healthy Man to Replace it With. I want you to go and Furnish it."

So the Fat Reporter, with a sigh, went to the Hospital and Contributed of his Abundant Supply of Integument to save the Life of a Fellow Being, while the Lean Reporter went along and Wrote the Thing Up.

Moral: It is Possible to have Too Much of a Good Thing.
—*Chicago Tribune*.

DOCTOR! I WANT YOU TO KNOW ME AND MY DOSIMETRIC GRANULES.

I haven't time to call on you, but I'll meet you half way; send me your address and **One "Almighty Dollar,"** and I will send you a nice 9 (¼ drs.) phial pocket case, filled with representative granules.

MY PRICES WILL PLEASE YOU.

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Contains the Anodyne and Soporific Alkaloids, Codeia, Narceia and Morphia. Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and whenever used has given great satisfaction.

To PHYSICIANS OF REPUTE, not already acquainted with its merits, samples will be mailed on application.

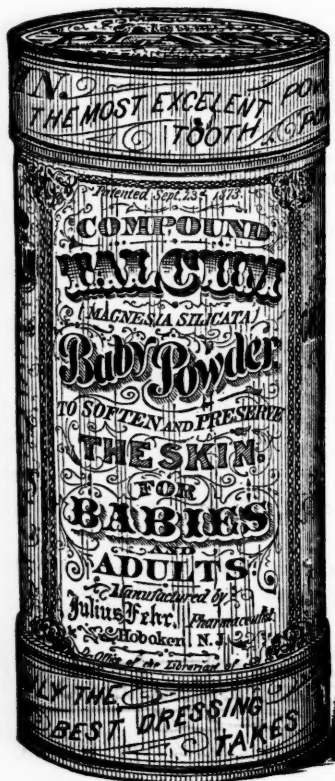
SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent. Morphia strength.

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J. FEHR'S "COMPOUND TALCUM" "BABY POWDER,"

THE
"HYGIENIC DERMAL POWDER,"
FOR
INFANTS AND ADULTS.

COMPOSITION: Silicate of Magnesia with Carbolic and Salicylic Acids.

PROPERTIES: Antiseptic, Antizymotic, and Disinfectant.

USEFUL AS A—
GENERAL SPRINKLING POWDER,

With positive Hygienic, Prophylactic, and Therapeutic properties.

Good in all affections of the skin. Sold by the drug trade generally.
Per Box, plain, 25c.; perfumed, 50c. . . . Per Dozen, plain, \$1.75; perfumed, \$3.50.

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FORMULA.—Every fluid drachm contains fifteen grains EACH of Pure Chloral Hydrate and purified Brom. Pot. and one-eighth grain EACH of gen. im. ext. Cannabis Ind. and Hyoscyam.

DOSE.—One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

INDICATIONS.—Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirium of fevers it is absolutely invaluable.

IT DOES NOT LOCK UP THE SECRETIONS.

PAPINE THE ANODYNE.

PAPINE IS THE ANODYNE OR PAIN-RELIEVING PRINCIPLE OF OPIUM, THE NARCOTIC AND CONVULSIVE ELEMENTS BEING ELIMINATED. IT HAS LESS TENDENCY TO CAUSE NAUSEA, VOMITING, CONSTIPATION, ETC.

INDICATIONS.—Same as Opium or Morphia.

DOSE.—ONE FLUID DRACHM—(represents the Anodyne principle of one-eighth grain of Morphia.)

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THE ALTERNATIVE AND UTERINE TONIC.

FORMULA.—Iodia is a combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

DOSE.—One or two fluid drachms (more or less as indicated) three times a day, before meals.

INDICATIONS.—Syphilitic, Scrofulous and Cutaneous Diseases, Dysmenorrhea, Menorrhagia, Leucorrhoea, Amenorrhoea, Impaired Vitality, Habitual Abortions and General Uterine Debility.

SPECIFY "BATTLE" WHEN PRESCRIBING OUR PREPARATIONS.

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OPPOSED TO PAIN
A SUCCEDANEUM FOR MORPHIA.

1-OZ. PACKAGE, \$1.00, PREPAID.

Valuable in Neuralgia, Sciatica, Acute Rheumatism and Typhoid Fever; also Headache and other Neuroses due to Irregularities of Menstruation. Exhibited in Asthma, Hay Fever, Influenza, La Grippe and Allied Complaints, it secures the desired result. Further information and samples sent free on application.

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ROSSVILLE, STATEN ISLAND, July 16, 1891.

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After nearly twenty-five years of hospital and private practice, I would rather abandon morphine than Antikamnia; which I also consider an unequaled febrifuge. Indeed, its antipyretic qualities are wonderful in reducing the temperature.

I have never had a patient object to taking the dry powder on the tongue, nor had one complain of feeling the slightest malaise after its administration. I know I am making sweeping assertions, but you should know the truth, so as to be encouraged in your work. Truly,

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FORMULA.

Each fluid drachm contains:
 PORTO-CHLORIDE IRON, one-eighth grain.
 BICHLORIDE MERCURY, one hundred and twenty-eighth grain.
 CHLORIDE ARSENIC, one hundred and eightieth grain.
 With CALISAYA ALKALOIDS and AROMATICS.

INDICATIONS.—Anemia from any cause, Struma, latent Syphilis, General Debility, Tuberculosis, Malaria, Loss of Appetite, Habitual Constipation, Chlorosis, Chorea, Chronic Uterine, Pelvic, Zymotic and Dermatological Diseases.

DOSE.—One or two fluid drachms three or more times a day, as directed by the physician. The prescribed dose gives prompt action, produces a feeling of buoyancy, stimulating the appetite and the digestion, promoting assimilation, is very pleasant to the taste, assimilated by the most delicate stomach, does not constipate, nor color the teeth, and is harmless under prolonged use; this preparation has stood the test of time and experience, is uniform, unalterable, economical, and can be relied upon to produce results. ITS USE IS INDICATED IN A WIDE RANGE OF DISEASES. Where a more specific alternative is needed, other than increasing the dose or bichloride mercury, the physician may add without reservation any of the soluble salts of iodine or its compounds. Dispensed in twelve ounce bottles; price, \$1.00.

The Formula of this Compound will immediately suggest itself to the thoughtful Physician.
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 ALCOHOL AND OPIUM INEBRIATES.

Elegantly situated in the suburbs of the city, with every appointment and appliance for the treatment of this class of cases, including Turkish, Russian, Roman, Saline and Medicated Baths. Each case comes under the direct personal care of the physician. Experience shows that a large proportion of these cases are curable, and all are benefited by the application of exact hygienic and scientific measures. This institution is founded on the well-recognized fact that Inebriety is a disease, and curable, and all these cases require rest, change of thought and living, in the best surroundings, together with every means known to science and experience to bring about this result. Only a limited number of cases is received. Applications and all inquiries should be addressed

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STRICTURE

TREATED WITH PHENOMENAL SUCCESS BY A NEW METHOD.

Send for literature giving particulars as to samples, formula, professional opinions, etc. This method has never been publicly advertised, but depends for its reputation upon responsible medical authority.

CENTURY CHEMICAL CO. OWOSSO, MICH., Feb. 10, 1890.
 GENTLEMEN: Your U. D. M. is certainly a wonderful remedy. I have used it in four cases of Organic Stricture with perfectly satisfactory results, and as regards the "Medicated Bougies," they acted better than anything I have ever tried in Chronic Gonorrhoea.

Yours respectfully, S. S. C. PHIPPEN, M.D.,
 President of the Board of Health.

Send also for

HOFF'S MEDICATED URETHRAL BOUGIES.

The treatment par excellence for Gonorrhoea and Gleet.

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FOR USE IN

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Portable and Stationary Medical Batteries, for induced and direct galvanic currents; Current Controllers, adapting the use of incandescent light circuits for either Electro-Therapeutics or Actual Caution; Milliampere-Meters, Applying Electrodes, etc.

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—SYRUP OF FIGS—

—(SYR. FICI CAL.)—

In order to meet the almost universal demand for a safe, reliable and elegant liquid laxative, the

CALIFORNIA FIG SYRUP CO.,

OF

SAN FRANCISCO, CAL., - LOUISVILLE, KY., - NEW YORK, N. Y.,

is utilizing the delicious blue Fig of California in the preparation of

—SYRUP OF FIGS—

an agreeable and effective laxative or purgative, according to the dose and manner of administration.

SYRUP OF FIGS is delightful to the taste, and may be taken by every one, from infancy to old age.

SYRUP OF FIGS does not debilitate, and is perfectly safe.

THE DOSE

As a purgative, for an adult, is from one-half to one tablespoonful, and may be repeated in six hours if required. As a laxative, one or two teaspoonfuls may be given at bed-time or before breakfast.

For children the dose may be regulated according to age and desired effect.

SYRUP
—OF—
FIGS

Is recommended and prescribed by prominent physicians in all sections of the United States, and gives general satisfaction.

In addition to the blue Figs of California, we use the juice of true Alexandria Senna, representing the laxative and purgative principles without its griping properties, also pure white sugar and an excellent combination of carminative aromatics.

Devoting our entire attention to the manufacture of Syrup of Figs after a thorough study of the results to be accomplished and of the best methods to produce a perfect laxative, and with complete manufacturing facilities especially adapted to the purpose, we are enabled to offer to the medical profession, in Syrup of Figs, a laxative which, though simple in itself, has not been produced in all its excellence by other parties, and we believe and trust that physicians will not permit imitations to be used when they prescribe Syrup of Figs (Syr. Fici Cal.).

SYRUP OF FIGS

IS MANUFACTURED ONLY BY THE

California Fig Syrup Company,

OF

SAN FRANCISCO, CAL., - LOUISVILLE, KY., - NEW YORK, N. Y.

It is sold to the drug trade in bottles of two sizes only: the smaller bottles containing full four ounces and the large size about ten ounces.

Fifty-Dollar Outfit of Triturates.

THIS list has been compiled by Dr. Waugh, and contains what he would recommend to a physician who desires to lay in a stock of these convenient preparations for his own dispensing. There are many other remedies that are essential to the modern practice of medicine: but for various reasons they are not suitable for use in this form. The quantities have been carefully calculated, so that articles of common use appear in several forms or in larger quantities than those more rarely employed. The following notes may explain further the motives for selection:

1. The use of alkaloids hypodermically is to be encouraged; as tending to accuracy of diagnosis and of medication: and certainly of results. A full list is given; and the more frequent use of morphine provided for by inserting three salts, of diverse strength.

2. Very few compounds are included; as a greater variety of agents is thus secured, in the given limit: and every physician should be able to make his own combinations at will. Exception is made in the case of a few combinations, of special value and common use: such as the laxative triturate, and the lozenge of morphine and ipecac.

3. Acetanilide is entered in $\frac{1}{2}$ gr. tablets, as most convenient for children. For adults, four or more may be given at a dose. Antipyrine is omitted on account of its high price, which has led to the general substitution of acetanilide.

4. Arsenic appears in five forms, of various strengths. Surely enough, even of this valuable drug.

5. Tartar emetic is often useful in small doses. The $\frac{1}{15}$ gr. tablet is selected, as smaller doses may easily be prepared, by dissolving a tablet in any given number of tablespoonfuls of water. Thus, one tablet with ten spoonfuls of water gives $\frac{1}{150}$ gr. per spoonful. The same may be said of many other remedies in the list: and explains the restriction to our size of drugs used in many sized doses.

6. Arsenic sulphide deserves a place and a trial for the sake of Dr. Louis Lewis, who brought it into notice.

7. Atropine represents belladonna so fully that no other preparation of this plant is needed.

8. If creasote be required in larger doses than one grain, it should be administered hypodermically, in fluid cosmoline.

9. Cupric arsenite is called for frequently, from Dr. Aulde's strong recommendation.

10. Euonymin, gelsemium, leptandrin, and a number of other drugs adopted from the Eclectics, deserve a far more general trial than they have yet received. Several others would have been included, as irisin, if they had been in any manufacturer's list.

11. Viburnum has established a place in the treatment of menstrual disorders.

12. Digitalin can scarcely be held to represent foxglove closely enough to warrant the substitution of the former. The hypodermic list, however, contains enough for any one who wishes to try the experiment.

13. Ox-gall is as surely indicated as pepsin, and should be used as frequently.

14. Eight chalybeates should afford a sufficient range of choice.

15. Six mercurials are about enough. The subsulphate bottle will probably become dusty, but is prized highly by many, in croup.

TRITURATES, 500 EACH.

Acetanilide, 1-2 gr. each.....	\$0 60
Acid. arseni., 1-20 gr. ea.....	40
" benzoic, 1 gr. ea.....	60
Aloin, 1-5 gr. ea.....	50
Al. bel. str. and ipe.....	60
Ant. and pot. tart., 1-10 gr. ea.	40
Arsenic brom., 1-60 gr. ea.....	40
" sulphid., 1-30 gr. ea.....	40
Atrophine sul., 1-100 gr. ea.....	60
Bismuth subnit., 2 gr. ea.....	1 00
Calcii sulphid., 1-8 gr. ea.....	40
Ceril oxalat., 1 gr. ea.....	50
Creasote, 1-4 gr. ea.....	40
Cupri arsenit., 1-100 gr. ea.....	40
Euonymin, 1-8 gr. ea.....	40
Ext. serpentari., 1-4 gr. ea.....	60
" viburnum, 1 gr. ea.....	60
" digitalis fl., 1 gr. ea.....	45
Fel. bovini, 1 gr. ea.....	45
Ferri arsenit., 1-8 gr. ea.....	45
" reduct., 1 gr. ea.....	45
Hydrarg. bichlor., 1-20 gr. ea.	40
" ch. nit., 1-4 gr. ea.....	40
" iod. vir., 1-4 gr. ea.....	50
" ox. flav., 1-35 gr. ea.....	45
" subsulph., 1-2 gr. ea.....	45
Ipecacuanha, 1-8 gr. ea.....	40
Lithi carb., 1-2 gr. ea.....	55
Morphine sulph., 1-8 gr. ea.....	1 00
Ol. amygd. amor., 1-10 gr. ea.....	40
" erigeron, 1-10 gr. ea.....	40
" tidii, 1-10 gr. ea.....	40
Pilocarpin mur., 1-50 gr. ea.....	80
Dover's, 2 1-2 gr. ea.....	60

Santonin, 1-4 gr. ea.....	\$0 60
Strychnine sul., 1-40 gr. ea.....	40
Tr. acconite, 1 gr. ea.....	40
" gelsemii, 3 gr. ea.....	40
" hydrastis, 3 gr. ea.....	40
" lobelia, 3 gr. ea.....	40
" quassia, 5 gr. ea.....	40
" sanguinar., 3 gr. ea.....	40
" scilla, 3 gr. ea.....	40
" senega, 5 gr. ea.....	40
" strophanthin, 2 gr. ea.....	45
Trinitrin, 1-20 gr. ea.....	40
Bland's.....	1 00
Tr. cimicifuga, 2 gr. ea.....	65
" cantharidis, 1 gr. ea.....	50
" colchicum, 2 gr. ea.....	65
" phytolacca, 1 gr. ea.....	50
Zinc sulphocarb., 1 gr. ea.....	50
Tr. verat. vir., 2 m.....	40
Ext. gentian fl., 2 m.....	45
	\$26 95

PILLS, 100 EACH.

Ammon. bromide, 10 gr. ea.....	35
Calc. lactophos., 5 gr. ea.....	30
Ergotin, 1 gr. ea.....	35
Ext. cannab. ind., 1-4 gr. ea.....	25
Ferri protocarb., 5 gr. ea.....	30
" citrate, 5 gr. ea.....	30
" and myrrh.....	25
" iod.....	20
" and potas. tart.....	40
Gold & soda chlor., 1-20 gr. ea.	30

16. Morphine sulphate renders other opiates unnecessary: though convenience is consulted by adding the three hypodermic salts, Dover's, and a lozenge of morphine and ipecac.

17. The small dose of pilocarpine, is because it is not often used. So with santonin.

18. Strychnine sulphate renders nux and ignatia superfluous. The compounds are all unnecessary.

19. Lobelia occupies a place not filled by any other remedy. Its remarkable "drying" powers, in excessive secretions, are not so widely known as they should be.

20. Sanguinaria will stimulate the bronchial mucosa when all else has failed.

21. Trinitin is given in $\frac{1}{20}$ gr. tablet, as a larger supply can thus be carried: and the dose can be so easily divided, $\frac{1}{100}$ gr. is enough.

22. Cimicifuga and phytolacca have their uses: the one in chorea, the other in mastitis; where they cannot well be replaced.

23. Dr. Waugh could hardly overlook the sulpho-carbolate of zinc, or lactophosphate of lime.

24. Cannabis is an exasperating drug: continually coming up as a remedy for something in which other remedies are always a little better.

25. Gold threatens to be a fad. We put in enough to afford a trial.

26. Naphthaline is inserted for experiment.

27. Phenacetin cannot in all cases be replaced by the cheaper acetanilide.

28. Resorcin has had such strong recommendations in intestinal complaints that it should be generally tried; though we do not believe it compares with the sulpho-carbolate.

29. Salol has a value in cystitis that nothing approaches: unless it be pichi; and that is not a good drug for a triturate, as the dose is too large.

30. The succinate of soda has the one excuse for its existence, in its power in preventing gall-stone colic.

31. Sulfonal is costly, and yet it must be included: as it is the best of hypnotics.

32. Zinc phosphide amply fills the place of phosphorus. In treating neuralgia, it is of great value to make a powerful impression on the disease: to be followed by less energetic remedies.

33. The children take kindly to the wafers of quinine tannate and chocolate.

34. Many other remedies are to be found in the lists, but are not recommended; as grindelia and rhubarb, which require too large a dose; valerian, whose odor is objectionable, etc., etc.

Pil. hydrarg., 5 gr. ea.....	\$0 80
Leptandrin, 1-2 gr. ea.....	25
Naphthaline, 2 1-2 gr. ea.....	25
Pepsin, 1 gr. ea.....	55
Phenacetin, 3 gr. ea.....	1 20
Potas. nitrat., 5 gr. ea.....	25
Quin. bisulph., 2 gr. ea. (200.)	80
Resorcin, 3 gr. ea.....	35
Salol, 2 1-2 gr. ea.....	60
Sod. salicylat., 5 gr. ea. (200.)	1 10
" succinat., 2 gr. ea.....	35
Sulfonal, 15 gr. ea., No. 10.....	75
Zinc phosphide, 1-12 gr. ea.....	20
Quin., tannat. and chlor.....	45
	\$10 40

HYPODERMIC TABLETS, 20 in each tube.

Atrophine sulph., 1-60 gr. ea.....	10
Apomorphin. mur., 1-10 gr. ea.	20
Aconitin, 1-60 gr. ea.....	24
Cocaine mur., 1-6 gr. ea.....	24
Conine hydrobrom., 1-80 gr. ea.	10
Caffeine, 1 gr. ea.....	18
Curarin sulph., 4-60 gr. ea.....	12
Digitalin, 1-100 gr. ea.....	10
Duboisin. mur., 1-60 gr. ea.....	11
Eserine sul., 1-60 gr. ea.....	15
Hydrarg. ch. cor., 1-30 gr. ea.....	10
Hyosciamin. sul., 1-60 gr. ea.....	12
Hyoscyne hyd., 1-100 gr. ea.....	22
Morphine sul., 1-4 gr. ea.....	14
" bimec., 1-8 gr. ea.....	12
" mur., 1-6 gr. ea.....	13

Pilocarpin mur., 1-8 gr. ea.....	\$0 20
Picrotoxine, 1-40 gr. ea.....	10
Physostigmin. salic., 1-40 gr. ea.	15
Quin. carb. amid., 2 gr. ea.....	35
Strychnine sul., 1-60.....	10
Spartein sul., 1-30 gr. ea.....	10
Trinitrin, 1-100 gr. ea.....	10
Codein, 1-8 gr. ea.....	20
Ergotin, 1-10 gr. ea.....	20
	\$3 87

LOZENGES.

Acid tannic, 1-2 gr. ea., 1 lb.....	70
Soda-mint, 1 lb.....	50
Resin gualac, 2 gr. ea., 1-4 lb.....	23
Potas. citrat., 3 gr. ea., " " " "	75
" bicarb. " " " " " "	45
Soda " " " " " "	45
Potas. chlorat. " " " " " "	45
Ammon. chlor., 3 gr. ea. " " " "	60
Potas. brom., 5 gr. ea. " " " "	1 15
" iod. " " " " " "	1 00
Tar, 1 lb.....	55
Morph. and ipecac, 1 lb.....	75
Cubeb. ol. res., 1-2 gr. ea., 1-4 lb.	40
Eucalyptus, 1-4 lb.....	25
	\$8 78

Hypodermic tablets.....	3 87
Pills.....	10 40
Triturates.....	26 95
Total.....	\$50 00

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Water.....25 Min.

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